

PAYMENT REQUEST FORM

Entered by:

Date:

INVREQ-

Payee:

Full name: Last, First, Middle

SLP-

Supplier Number

Today's Date:

Date of Event:

Submitted By:

Location of Event:

Purpose of Event:

Total Amount*:

*If more than one program, please specify Work Tags and amounts below:

<u>ENTER WD Acctng String(s) below</u>	<u>Exp Type (GPO use only)</u>	<u>Amount</u>
		\$
		\$
		\$
		\$

Total Number of Students/Faculty Attending:

Up to ten (10) attendees, list names and affiliation to program. If more than ten (10), list by category and number (i.e., 15 students, 10 faculty, & 2 staff). For outside visitors, list by name and affiliation.

If request for reimbursement is over 30 days, please list reason why:

Include ORIGINAL DETAILED receipts in the email with reimbursement request

BIMS Admin Approval Signature
or, if GBS reimbursement, none required

Printed Name

Validated by: _____ Date: _____