

Club/SGA Account Payment Form



Western University
OF HEALTH SCIENCES

- Merge this document and all itemized receipts/documents into one .pdf
- Attach design approval e-mail if using a personalized logo (t-shirts, mugs, etc.)
- Reimbursement requests should be submitted within 10 days of the purchase; travel reimbursements within 30 days of travel or by June 15th
- Travel form for all overnight student travelers: <https://iproduct.westernu.edu/studenttravelform/>

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|------------------|------------------------|--------------------|
| Pay From: | Club/Class Name | Payer Fund# |
|------------------|------------------------|--------------------|

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| Recipient is a: | Student (Direct Deposit, Student ID@ Required) | Third-Party/Vendor (Mail payment) |
| | University Account (Transfer) – Provide FUND/FOAPAL for transfer here: | |

| | | | | |
|---------------------------|-----------------------|----------------------|-------------|--|
| Payee Information: | Name/Business: | | | |
| | Address: | | | |
| | City: | State: | Zip: | |
| | Telephone: | Student ID# @ | | |

| | | |
|---------------------------|--|--------------|
| Event Information: | Event Name: | Date: |
| | Guest Speaker Name (if applicable): | |

| Description of Purchase(s): | Item(s): | Amount Spent: |
|--|----------|---|
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| Reminders: Must provide itemized receipts. Alcohol is not reimbursable. | | Total Spent: |
| | | Total to be reimbursed (if less than total spent): |

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|--------------------|---|-------------------|-------------|
| Signatures: | I hereby certify that the above goods, services, or expenses have been received, rendered, or incurred to my satisfaction. Invoice(s) and/or itemized original receipt(s) are attached. | | |
| | Club/Class President/Class Rep | Print Name | Date |
| | Club/Class Treasurer/Class Rep | Print Name | Date |

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|----------------|--|
| Submit: | Once complete, combine this document and all receipts/invoices/supporting documents into one .pdf. Email to studentaffairs@westernu.edu (California) or studentaffairsor@westernu.edu (Oregon) with the subject: Student Reimbursement: NAME, CLUB/CLASS, PURPOSE FOR REIMBURSEMENT. |
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| | | | | | |
|---|---|------|----------------|-----------------------------------|-------------------------|
| For Office Use Only | Pay/Transfer From: | Fund | 4099-70850-40 | \$ | Current Account Balance |
| | | | Org-Acct.-Prog | | |
| | Pay/Transfer To (Club/Class): | Fund | 4099-70899-40 | | |
| | | | Org-Acct.-Prog | FOAPAL (for non-club/SGA account) | |
| | Date Student Travel Notification Form Approved: | | | | |
| Signature of USA/WesternU Oregon Student Affairs Representative | | | | | Date: |