

CARLETON COLLEGE STUDENT ORGANIZATION

PAYMENT REQUEST FORM

Please email completed form and documentation *only* to accountspayable@carleton.edu

Date: _____

Pay To: _____

Name of org: _____

Check if payee is: Student/ID# _____ Employee Other

Invoice #: _____

Complete address: _____
(for non-students)

Invoice Date: _____

Please attach a completed and signed Form W-9 for all new vendors. Form on Business Office website or irs.gov.

_____ **E-Checks** *Required for students. Sign up on Hub: (Non-Payroll) Direct Deposit Bank Account*

_____ **Pick Up** *If so by whom _____*

_____ **US Mail** **Send two copies of an invoice/form if one is to go with payment*

REVIEW CHECKLIST TO ENSURE YOUR REIMBURSEMENT COMPLIES WITH IRS AND COLLEGE REGULATIONS.

- ___ Attach **original itemized** receipts to back of form (**no photocopies**) - INCLUDING meal receipts. Signed credit card slips are not allowable.
- ___ **ALLOW AT LEAST THREE WEEKS FOR PROCESSING.**
- ___ Submit expense reimbursements at least monthly
- ___ Expenses older than 60 days may be denied.
- ___ Use mileage log or Google Map type documentation to calculate mileage reimbursements. **Gas receipts are NOT allowable.**
- ___ Identify attendees for meal reimbursements, as well as nature of expense.
- ___ For Honorarium payments, please list the date, location and description of the event. A flyer may also be used as documentation.

Detail Description and Purpose of Expense	Fund	Source	Dept	Expense	Amount
<i>Example of account number:</i> CSA	61	0000	9xxx	5xxx	
Club Sports	10	0000	2xxx	5xxx	

Total Miles: _____ **Students:** **.14/mile** (01/01/21) **Total mileage charge:** _____

Attach mileage log or Google Map type documentation. Northfield to Airport=40 miles (standard)

TOTAL:

FREQUENTLY USED EXPENSE CODES:			
5302 Supplies	5281 Honoraria/Professional Services	5301 Printing - off campus	5402 Equipment
5305 Postage	5802 Student Travel/Conference Expenses	5907 Food Reimbursement	5911 Entry fees

I authorize the above payments and take full responsibility for assuring their accuracy and compliance with CSA financial policy.

APPROVED BY (PLEASE PRINT) _____ PHONE _____

Student Organization President or Treasurer

CSA TREASURER'S SIGNATURE _____ DATE _____

REQUIRED FOR ALL CSA PAYMENT REQUESTS

ADVISOR'S SIGNATURE _____ DATE _____

Aaron Chaput (SPORT CLUBS ONLY) / DIRECTOR OF STUDENT ACTIVITIES (CSA ONLY)