

Bates College - Payment Request Form

6/1/08

<input type="checkbox"/> CASH REQUEST (For reimbursement of payment for special products, cash limit of \$150)
For Office Use Only - Do Not Complete
Receiver: _____ Cash Amount Reimbursed: _____ <small style="display: block; text-align: center;">Name (please print) ID Number (limited to \$150)</small>
Signature: _____ Cashier: _____ Date: _____

<input type="checkbox"/> CHECK REQUEST (For reimbursements exceeding cash limit of \$150)
Payee: _____ ID Number: _____ Address: _____ (Tax forms, if any, _____ will be sent here.) _____ Tax ID or Social Security Number: _____ Telephone: _____

ATTACH SUPPORTING DOCUMENTS (Receipts, Brochures, Letters, Contracts)

Meal expenses that do not include an overnight stay must include the purpose of the meeting and all who attended, and must meet the criteria for reimbursement included in the **Meals section of the **Travel Policy**.

ACCOUNTING CODES					
Fund	Organization	Account	Activity (if applicable)	Location (if applicable)	Amount
Description:					\$.
Description:					.
Description:					.
Receipts Total:					\$.
Less Amount Advanced:					.
Name: _____ ID Number: _____ Add Unused Cash Advance Returned: _____ Deposit Receipt # _____					.
Balance Requested:					\$.

AUTHORIZATION		
Department or Student Organization Name: _____ (All Student Clubs/Organizations must be approved by the Club/Organization's President, Treasurer, or Advisor.)		
Requester: _____	_____	_____
<small>Signature</small>	<small>Name (please print)</small>	<small>Date</small>
Approver: _____	_____	_____
<small>Signature</small>	<small>Name (please print)</small>	<small>Date</small>