

Tracking Number:



Social Sciences Graduate Student Activities Committee Payment Request Form

Department/Committee: _____

Name of Representative: _____ Email: _____

Description of Event: _____

Date(s): _____ Time(s): _____

Number of Participants: _____

Check box if this is the final receipt for this event.

Amount: _____

Send Check To:

Name: _____

Student ID: _____

Address: _____

City, State, Zip: _____

Signature & Date: _____

ATTACH ORIGINAL RECEIPTS.

Category (check box):

- Audio/Visual
- Food
- Rental
- Travel
- Other