

# Student Activities Committee Payment Request Form

Tracking Number: \_\_\_\_\_

Department/Committee: \_\_\_\_\_

Name of Representative: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Date/Time: from: \_\_\_\_\_ until: \_\_\_\_\_ Number of Participants: \_\_\_\_\_  
Date Time Date Time

Check here if event  
should be closed:

**Send Check to:**

**Amount:** \_\_\_\_\_

**Category (check box)**

Audio/Visual

Consultaton Fees

Duplication

Postage

Other

Food

Office Supplies

Rental

Travel

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

**Attach ORIGINAL Receipts**