



Student Government Request For Payment



PAYMENT	SG BRANCH	OFFICE PICK-UP	CHECK APPROPRIATE FORM OF PAYMENT
	<input type="checkbox"/> USG	<input type="checkbox"/> Check to hold for pick-up by union staff	<input type="checkbox"/> Purchase Order
	<input type="checkbox"/> CGS		<input type="checkbox"/> Purchasing Card Preferred (under \$1000 only)
	<input type="checkbox"/> IPC		<input type="checkbox"/> Payment to OSU Vendor (Internal Order)
		<input type="checkbox"/> Payment to Student Organization	
		<input type="checkbox"/> Payment to Individual (Includes reimbursements)	

OFFICE USE	ORG	FUND	ACCOUNT	PROJECT	PROGRAM	USER DEFINED	AMOUNT
	<input type="checkbox"/> Contribution	<input type="checkbox"/> Purchase	<input type="checkbox"/> Reimbursement				

PAYEE	Vendor Name/Student Organization Name _____
	Student Org? Check here to use the Ohio Union's address. Do not use a personal address. <input type="checkbox"/> 2095 OU, 1739 N High St, Columbus OH 43210
	Street Address _____
	City/State/Zip/Country _____
	Description of Student Organization _____
	Vendor /Student Organization Contact Name _____ <i>(For Student Orgs, this person will receive notice when check is available)</i>
	Email _____ Phone number _____

PAYMENT	Amount Requested	Attach all supporting documentation as applicable (may include):	
	<input type="text" value="\$"/>		<input type="checkbox"/> Senate Bill <input type="checkbox"/> Invoice <input type="checkbox"/> AP Compliance form <input type="checkbox"/> Funding Contract <input type="checkbox"/> Budget <input type="checkbox"/> Event Flyer or participant sign-in list <input type="checkbox"/> Itemized receipts <input type="checkbox"/> Travel Documentation <input type="checkbox"/> Vendor Profile form
	Event Date _____		Describe the event <i>(Business purpose or reason for Request) Please be specific</i> <input type="text"/>
	Event Location _____		
	Event Audience _____		
	Food at Event _____		

APPROVAL	By initialing this form you certify that the information is true and correct to the best of your knowledge
	Date Submitted _____
	Requestor name _____
	Requestor email address _____
	Gov. Treasurer approval/record to budget _____
	Advisor approval _____
	Date _____