

Procard _____
Voucher _____
Vendor ID _____
Amount _____

University of Houston-Victoria
Student Life & Services

PAYMENT REQUEST FORM FOR STUDENT ORGANIZATIONS

Organization Name: _____

Requestor/Payable to: _____ PS ID _____

Mailing Address: _____

City, State, Zip: _____

If the purchase is related to an organizational event, **INDICATE:**

DATE: _____

TIME: _____

PLACE: _____

NUMBER OF ATTENDEES (Indicate names of attendees on back of form if 10 or less): _____

REASON for the event: _____

ITEMS Purchased:

What were items used for:

How does this purchase **BENEFIT** the university:

If funds are for reimbursement to an individual, all original receipts must be attached. Form must be completed in its entirety of the invoice to be processed. Only one receipt per expenditure request form. To avoid paying interest to the vendor, all invoices should be turned in for payment as soon as they are received.

Signature of Organization President or Treasurer

Date

Signature of Student Services Generalist

Date