

Allegheny College - ASG Payment Request Form

Today's Date: _____ (ASG Rev. 04/10)

If Payable to Student or Employee: Student or Employee ID #: _____
 Send to Campus Box ----- > Box # _____

Payable to Name: _____
 Person Name (First, Middle Initial, Last) - No Nicknames

If Payable to Other: _____
 Company Name - No Nicknames

Accounts Payable Use Only

Complete mailing address: _____

 City, State, Zip

Reason for Request: _____
 Name of event or service rendered: _____
 Date of event or service rendered: _____

	AMOUNT	ACCOUNT # (15 Digits)
Name of Student Organization	-	
Name of Student Organization	-	
Name of Student Organization	-	
TOTAL	\$ -	

Which fund (please circle): **Group Budget** **General** **Surplus** **Speaker** **Other:** _____

Signature of person submitting request: _____
 Approved By: _____
 Print Name: _____ Box #: _____
 ASG Treasurer's Signature
 Email Address: _____ Date: _____

Special Handling (Check all applicable boxes)

Special date needed:		Hold for pickup (name of person):		Send to Box #:	
Mail with attachment?		Copies included?		Other?	

All performers or contracted speakers must supply a W9 form with signed contract. Is W9 Included? _____

****All receipts (ORIGINALS ONLY) must be taped to 8 1/2 x11 blank sheet(s) of paper with all of the receipt(s) showing. These must be readable for accurate reimbursements and document imaging.**

****Attach original receipts/contracts/W9 forms, obtain proper approvals, then submit to the ASG treasurer for approval and submission for payment. Checks will be processed by dates required, with appropriate lead time. Please plan accordingly.**