



*Notice: If any of these steps are not followed, your organization may be denied reimbursement at the discretion of the Ways & Means Committee. It is the organization's responsibility to keep track of all expenses and also have proof of all expenses. It is also the organization's responsibility to know its budget and any expenses that go over the approved budget must be either covered by the organization's fundraising or their budget must be resubmitted and approved by the Ways & Means Committee.*

Procedure to Fill out the Form

1. Fill out the organization name and campus box #.
2. Check the box next to the person or vendor to whom the check must be made out to. If there is a Babson Account associated with the payment, then fill it out (for example, Athletics). A check will not be cut to Babson Departments or subsidiaries. There must be a separate form for each check or journal transfer. If you are paying an individual, then circle either "Services" or "Reimbursement." You must have a separate form for each type, i.e. both cannot be circled. Be sure to fill out **all** of the information regarding the payee. A check cannot be made out to an Organization.
3. Look at your budget for the semester and identify the line item that the expense would be a part of. List the event title and item on the receipt/contract/invoice in the following manner (Examples: 1. Event: Barbeque Item: Food/ Domino's Pizza; 2. Event: Ski Trip Item: Promotions/Printing of Flyers). Verify the amount. Do this for each receipt/contract/invoice, up to 10 receipts for each check. **Do not fill out the Description** category as that will be filled out by the office.
4. Add the amounts and verify the total expense.
5. Check the box next to how and to whom the check should be delivered to. If you would like the check to be hand delivered, check the box next to VP of Finance. *Please note that this may cause a delay in the delivery of the check.*
6. **Staple originals of all receipts/contracts/invoices to the back of the reimbursement form.**
7. **The President or the Financial Officer of the organization must sign the form.** He/She must verify all numbers and information. He/She will be held accountable for any misrepresentation on the form.
8. **Please fill out the form and make a copy of both the form and your proofs of purchase (receipts). To the original form, staple the original receipts and to the copied form, staple the copies. NOT DOING THIS COULD DELAY YOUR REIMBURSEMENT!!! Please drop of both of these in box 546 addressed to Quincy Bedeau**

Follow Up to the Form

1. The VP of Finance will then verify the data with the approved budget for that semester and input them into the master expense database every Monday & Wednesday at 5:00pm.
2. The VP of Finance will then submit the form to the Babson College Accounts Payable office on Tuesday and Thursday.
3. The Accounts Payable Office will then cut the check. The VP of Finance will pick up the checks and deliver them appropriately according to the completed form.
4. The VP of Finance will receive a report every week verifying the issuance of checks.



**Check Request/Journal Transfer Form**



Organization Name: \_\_\_\_\_  
Campus Mailbox #: \_\_\_\_\_

Choose **one** and fill out **all** information of the one chosen:

Journal Transfer to Great Plains Account  
Debit: Account Number B1 - \_\_\_\_\_ - \_\_\_\_\_ - 0 - \_\_\_\_\_  
 Department: \_\_\_\_\_

Credit: Account Number B - \_\_\_\_\_ - \_\_\_\_\_ -0- \_\_\_\_\_  
 Department: \_\_\_\_\_

All journal transfers need to be forwarded to *Financial Services in Nichols Hall*

Make Check Payable to Person      **Circle One:** Services (Payroll) / Reimbursement  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Social Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Campus Mailbox #: \_\_\_\_\_  
 Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Make Check Payable to Vendor      [Vendor # \_\_\_\_\_ ]  
 Vendor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Great Plains Account #: 1 - 178 - \_\_\_\_\_ - 0 - 2203 (**do not fill in**)

Receipts:		
Event & Item	Description (If a detail, place invoice #)	Amount
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
		Total: _____

Check should be delivered to:

Org. Mailbox       Mailbox# \_\_\_\_\_       Vendor (directly mailed)

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Organization President or Finance Officer)      mm/dd/year

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (SGA VP of Finance – Mailbox# 2537)