



Student Association, SUB 210

**ORDER COMPLETION  
REIMBURSEMENT/  
PAYMENT  
AUTHORIZATION**

Organization Name \_\_\_\_\_

Date \_\_\_\_\_

Vendor's Name: \_\_\_\_\_

Purchase Request # \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

Brief Description of Items Recieved:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Payment Information**

Name of person who paid for the items: \_\_\_\_\_

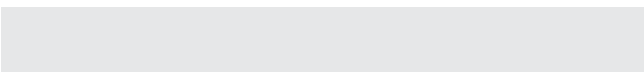
Paid in full:

Payment Method:      Cash              Credit/Debit Card              Check              Other: \_\_\_\_\_

Please submit this form attached to a detailed receipt indicating payment and zero balance to the Student Association Business Office (Student Union Building 210) within 5 business days of receipt of above goods/services.

By signing below, I confirm that all items listed on the attached receipt or invoice were received in satisfactory condition. I also confirm that the items have been fully paid for by the appropriate purchaser. I understand that this confirmation is required in order to process reimbursement or payment.

Date Items Received \_\_\_\_\_

Authorized Signature 

Print Name \_\_\_\_\_

**PLEASE RETURN FORM TO STUDENT ASSOCIATION, STUDENT UNION BUILDING 210**