

PAYMENT REQUEST FORM

Entered by: _____ Date: _____ **Voucher #:** _____

Payee: _____ **ID#:** _____
Full name: Last, First, Middle Vendor #, UVA student 9-digit ID, or Faculty/Staff Employee ID

Today's Date: _____ **Date of Event:** _____

Submitted By: _____ **Location of Event:** _____

Purpose of Event: _____

Total Amount*: _____

*If more than one program, please specify amounts below:

<u>Project</u>	<u>Task</u>	<u>Award</u>	<u>Expenditure Type</u>	<u>Org</u>	<u>Amount</u>
					\$
					\$
					\$
					\$

Total Number of Students/Faculty Attending: _____

Names of those attending (if more than ten (10), list only outside visitors by name.
 LIST OTHERS BY CATEGORY AND NUMBER (i.e., 15 Students, faculty, & staff).

If request for reimbursement is over 30 days, please list reason why:

Attach ORIGINAL DETAILED receipts to the back (Any additional receipts can be submitted on a separate full size paper.)

BIMS Admin Approval Signature
 or, if GBS reimbursement, none required

 Printed Name

Validated by: _____ Date: _____