**Form 0719. Payment/Reimbursement Form for Students**

**Instructions:** Students **(not part of a club or organization)** please submit this form, including **receipts or quotes and required signatures** to the Student Life Office for processing.

For questions, contact theStudent Life office at the campus where the event will be hosted.

**Email: ANStudentLife@nvcc.edu, Phone: 703-223.3147, Office CFH 224 Mon – Fri 9am – 5pm**

Check Request Other **Date of Request**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PAYEE INFORMATION**  **Payee** **Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student ID (EMPLID) or Tax ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Payee Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Payee Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mailing Address/Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_ |

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| **PURCHASE DESCRIPTION**  Briefly describe the nature of this payment/reimbursement (failure to provide complete and accurate information may cause a delay). Please include date of purchase, name of vendor and reason for requesting payment. **Please attach receipts.** |

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| **VENDOR and AMOUNT** | | |
|  | **Name of Vendor** | **Amount** |
|  |  | $ |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total:** | | $ |

**CHECK DETAILS (Internal Use)**

**Fund**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Department**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Campus**:\_\_\_\_\_\_\_\_\_\_ **Account:**\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **APPROVALS.** Please provide Names and signatures below:  **Student Life Advisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_  **Student Life Coordinator**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_  **Other Approver**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_  **Dean of Student Success**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ |