

CLAYTON STATE UNIVERSITY
Purchasing Card (P-Card) Request

INSTRUCTIONS:

1. For vendor payments, the vendors address, Federal Identification Number (FEI), phone number, and fax number **MUST** be provided.
2. For vendor payments, the vendor contract OR CSU service agreement/contract **MUST** be attached.
3. If requesting payment for membership dues, a roster of members that you are submitting payment for, as well as the PIN number to access the website to process the payment, must be submitted.

VENDOR INFORMATION

DATE: _____

VENDOR NAME: _____

VENDOR ID _____
(FEDERAL IDENTIFICATION NUMBER)

AMOUNT REQUESTED \$ _____

PURPOSE OF REQUEST: _____

REIMBURSER INFORMATION

DEPARTMENT ID OF ORGANIZATION: _____

ORGANIZATION SUBMITTING REIMBURSEMENT: _____

INDIVIDUAL SUBMITTING REIMBURSEMENT: _____ PRESIDENT TREASURER
 OTHER: _____

EMAIL ADDRESS: _____

PHONE: _____

AGENCY (RAISED FUNDS)

ACCOUNT #: _____

AMOUNT: _____

ALLOCATED FUNDS (STATE FUNDS)

ACCOUNT #: _____

AMOUNT: _____

TOTAL: \$ _____

REQUIRED SIGNATURES

**INDICATES MANDATORY SIGNATURE*

PRESIDENT OR TREASURER: _____

*ADVISOR: _____ (*Can NOT be the advisor being reimbursed*)

OTHER: _____

EXCEPTION: Advisor's being reimbursed only need the signature of (1) one authorized signer.

DIVISION OF STUDENT AFFAIRS

****FOR OFFICE USE ONLY****

DATE RECEIVED: _____

RECEIVED BY: _____

REQUEST APPROVED: YES NO

APPROVAL SIGNATURE/OFFICE OF STUDENT AFFAIRS: _____

IF REQUEST DENIED, PLEASE PROVIDE EXPLANATION:

APPROVAL SIGNATURE/OFFICE OF STUDENT AFFAIRS: _____ APPROVAL DATE: _____