

CLUBS Payment Request Form (Non-GRANTS)

→ Return Completed Form to Cashier's Office – 2nd Floor in SBS

HUMBOLDT STATE UNIVERSITY

Today's Date: _____

REQUESTS FOR REIMBURSEMENTS MUST BE SUBMITTED WITHIN 30 DAYS OF PURCHASE

REQUIRED

Club's Full Name: _____ Fund #: CL _____
(As it appears in OrgSync and without abbreviations)

Payee Name: (please print) _____ Phone Number: _____
Mailing Address: _____ City _____ Zip _____
HSU ID: _____ v _____ Student or _____ Staff Member; if so, indicate what department: _____
→ Students will be notified when check is ready for pick at the Cashier's Office. Checks for HSU Staff are delivered via campus mail.

_____ **Reimbursement for Supplies** [To an individual "payee"] **Total Amount: \$** _____
Original ITEMIZED receipt(s) must be taped to a blank sheet of paper and stapled to this form
Description of purchase(s): _____

_____ **Direct Payment to Vendor** [Must attach invoice to this form] **Total Amount: \$** _____
Description of Service: _____ Date of Service: _____
A Payee Data Form (STD 204) must accompany this form for Vendors unless previously submitted to accounts payable

_____ **Direct Payment for Guest Lecturer** **Total Amount: \$** _____
Date of Event: _____ Description of Event: _____
Check all that apply: _____ Speaker Fee - Flat Rate and/or _____ Reimbursement for Lecture's Expenses
(Taxable Income) (NON-Taxable Reimbursement - Receipts Required)
A Payee Data Form (STD 204) must accompany this form for Guest Lecturer unless previously submitted to accounts payable
GUEST LECTURER MUST READ, SIGN & DATE THE FOLLOWING GENERAL INDEMNITY:
Contractor shall indemnify, defend, and hold harmless the State of California, Board of Trustees of the California State University, CSU, and their respective officers, agents and employees from any and all claims and losses accruing or resulting to any other person, firm or corporation furnishing or supplying work, service, materials or supplies in connection with the performance of this Contract, and from any and all claims and losses accruing or resulting to any person, firm or corporation related to, arising out of or resulting from Contractor's performance of this Contract, or corporation which may be injured or damaged by the contractor in the performance of this Contract.

Signature of Guest Lecturer (Payee) _____ Date _____

_____ **Reimbursement for Club Travel** [Not for Grant Funded Travel] **Total Amount: \$** _____
Dates of Travel: _____ Destination: _____
Do you wish to be reimbursed for gasoline? Y or N (Only pre-approved drivers can be reimbursed for gasoline) If yes, choose one:
_____ Rental Car: Attach ORIGINAL paid receipts [Reimbursement is at face value]
_____ Private Vehicle: Attach ORIGINAL paid receipts AND a copy of Google Map showing total miles round-trip from HSU to destination
NOTE: Total gas reimbursement cannot exceed Federal mileage rate.
TRAVELER MUST READ AND SIGN: I hereby certify that: a) I received authorization to travel; b) expenses are true and accurate in accordance with HSU Clubs Travel Policy and procedures; c) I will not seek reimbursement for these same expenditures from any other source; d) food costs do not include alcohol; e) if requesting mileage reimbursement, I have satisfied the State Defensive Driving Training requirement; Accurate Drivers Background Check; and have completed the STD 261 form (if driving private vehicle) prior to travel.
Traveler's Signature: _____ Date: _____

AUTHORIZATION: By signing below, I acknowledge that I am following all Student Clubs policy and procedures.
Club Officer's Approval: Please indicate Officer's Position: PRESIDENT or TREASURER

PRINT NAME SIGNATURE DATE
Club Advisor's Approval:

PRINT NAME SIGNATURE DATE

OFFICE USE ONLY
Approved by: _____ Date: _____ Account _____ Fund _____ Dept _____