

Student Clubs & Organizations

Payment Request Form (Non-GRANTS)

HUMBOLDT STATE UNIVERSITY

Return Completed Form to A.S. Office in UC Center

REQUIRED

Club/Organization Name: _____ Today's Date: _____
 (As it appears in OrgSync and without abbreviations) Fund: CL _____ or AS _____
 → _____ Check if there are multiple club members being reimbursed for travel
 (If so, please paperclip ALL Payment Requests together and submit to A.S. office in one packet)

_____ Check to PICK UP CHECK at the CASHIER'S office (2nd Floor of SBS) * Ask about direct deposit for payment requests
 Payee Name: (please print) _____ HSU ID: _____
 Payee Mailing Address: _____ City _____ Zip _____

ALL REQUESTS FOR REIMBURSEMENTS MUST BE SUBMITTED WITHIN 30 DAYS OF PURCHASE

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

_____ Reimbursement for Club Travel Total Amount: \$ _____
 Dates of Travel: _____ Destination: _____
 Are you seeking reimbursement for gasoline costs? Y or N (Only approved drivers may be reimbursed for fuel)
 Please indicate if the gas costs were for:
 _____ Private Vehicle Use (Must attach Google Map- Reimbursement rate is .14 cents per mile) or
 _____ Rental Car (Must Attach Original Paid Receipt)

All travelers must read and sign:
 I HEREBY CERTIFY: That a) I received authorization to travel; b) expenses are true and accurate in accordance with HSU 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: _____

_____ Direct Payment to Vendor (Includes Guest Lecturer) Total Amount: \$ _____
 Choose One Below:
 _____ [Services Provided by Vendor] _____ [Speaker Fee - Flat Rate] _____ [Reimbursement for Lecturer's Expenses]
 (Taxable Income) (NON-Taxable Reimbursement - Receipts Required)
 A Payee Data Form (STD 204) must accompany this form (unless form is already on file) for Guest Lecturer or Vendor

GUEST LECTURER MUST READ, SIGN & DATE:
 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

AUTHORIZATION: By signing below, I acknowledge that I am following all Student A.S./Clubs policy and procedures.

Club Officer's Approval: Circle which position you hold: President Treasurer

PRINT NAME SIGNATURE DATE

Club Advisor:

PRINT NAME SIGNATURE DATE

Office Use Only:
 Approved by: _____ Date: _____ Account _____ Dept _____ Program _____