Reimbursement/Payment Form - BSU Student/Faculty

Name of student organization: ____________________________________________________

If reimbursement is to a student/faculty, complete this information:
Legal First name, Middle name, Last name: ____________________________
Street Address or Residence Hall: ____________________________________________
City/State/Zip: ____________________________________________________________
Email address: ____________________________________________________________
Telephone number: ________________________________________________________
Ball State ID#: ____________________________________________________________

Students will receive a reimbursement check at address above, or by direct deposit if signed up for such through the Accounting Office at:
http://www.bsu.edu/about/administrativeoffices/accounts-payable/signup

Name of person completing this form: __________________________________________
Signature of approval by BSU Faculty/Staff Advisor: _______________________________

Attach completed form to itemized receipt and submit to the Office of Student Life, Student Center 133. Processing typically takes less than 5 business days.

Reimbursement/Payment Form - Business

Name of student organization: ____________________________________________________

If payment is to a business (vendor), complete this information:
Business Name: ______________________________________________________________
If address, city/st/zip, and phone are not listed on the invoice which you are submitting, please add them below:
Street Address: ______________________________________________________________
City/State/Zip: ______________________________________________________________
Telephone: _________________________________________________________________

If the business is not a local vendor, information will most likely need to be added to the Accounting System and you will need to obtain a W-9 tax form. Please provide name, email of a business contact person:
Name: ____________________________________________________________
Email: _________________________________________________________________

Name of person completing this form: ___________________________________________
Signature of approval by BSU Faculty/Staff Advisor: _______________________________

Attach completed form to invoice and submit to the Office of Student Life, Student Center 133. Processing typically takes less than 5 business days.