

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.

Office use:

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.

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