

# **Expense Request Form**

## **Carnegie Mellon University Office of Student Activities**

PLEASE PRINT OR TYPE CLEARLY

☐ **Purchase Order**

*Vendors must be in the Oracle Database prior to requesting a purchase order.*

☐ **Special Request for a Check**

☐ HOLD CHECK

☐ TRANSMIT CHECK TO VENDOR

*Vendors must be in the Oracle Database prior to requesting a purchase order.*

*All check requests require a 7-10 day processing period.*

*Requestor will be notified via email when held checks are available.*

☐ **Honorarium for Individual**

☐ HOLD CHECK

☐ TRANSMIT CHECK TO PAYEE

*All check requests require a 7-10 day processing period.*

*Requestor will be notified via email when held checks are available.*

☐ **Reimbursement request for individuals**

*All requests require a 7-10 day processing period.*

*Receipts must be taped to a piece of paper.*

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**Required Information (all requests):**

Organization Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Description of Purchase \_\_\_\_\_

Number of persons participating in event (if applicable) \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Position \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_

Advisor Signature (if required) \_\_\_\_\_

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**For Reimbursement only:**

Reimbursing Name \_\_\_\_\_

Reimbursing position \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_

Reimbursing Local Address (required)

☐ Carnegie Mellon Student

☐ Carnegie Mellon Employee

☐ Neither

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**Special Check / Purchase Order / Honorarium Only:**

Vendor / Payee Name \_\_\_\_\_

Social Security or Tax ID Number \_\_\_\_\_

Vendor / Payee Address \_\_\_\_\_

☐ Carnegie Mellon Student

☐ Carnegie Mellon Employee

☐ Neither

☐ Independent Contractor/Honorarium Payment Request For Non-Employees **form attached** (must be attached to process).

or

☐ Special Service Payment Request for Current Employees **form attached** (must be attached to process).

*If you are a Carnegie Mellon employee, the honorarium will be included in an upcoming paycheck.*