Expense Request Form Carnegie Mellon University Office of Student Activities

PLEASE PRINT OR TYPE CLEARLY

Purchase Order			
Vendors must be in th	ne Oracle Database prior to	requesting a purcha	ise order.
HOLD CHECK TRANSMIT CHECK TO VENDOR Vendors must be in the Oracle Database prior to requesting a purchase order.			
Requestor will be not	ified via email when held ch	iecks are available.	
	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. Relimbursement request for individuals All requests require a 7-10 day processing period. Receipts must be taped to a piece of paper. Quired Information (all requests): quired Information (all requests): quired Information (all requests): quired Signature Amount \$		
HOLD CHECK			
All check requests rec			
All requests require a	7-10 day processing period	d.	
	Vendors must be in the Oracle Database prior to requesting a purchase order. ecial 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. morarium 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. imbursement request for individuals All requests require a 7-10 day processing period. Receipts must be taped to a piece of paper. ed Information (all requests): cation Name Amount \$		
Required Information (all re	quests):		
Organization Name		· Amount \$	
Description of Purchase			
	ig in event (if applicable)		
	5		
Authorized Signature	Position	Email	Date
			Date .
Advisor Signature (if required)			
ent of the second			
For Reimbursement only:			
Reimburser Name	Reimburser position	Fmail	Date
Tronto arbor Traine	Kemburser position	Linari	Date
Reimburser Local Address (requir	red)		
Carnegie Mellon Student	Carnegie Mellon Em	ployeeNe	ither
C . I Cl. I (P. I. C. I.			
Special Check / Purchase Order	/ Honorarium Only:		
Vendor / Payee Name		Social Security of	r Tax ID Number
			. Tax 10 Tamoor
Vendor / Payee Address			
Carnegie Mellon Student	Camagia Mallon Emu	ployee Ne	sh
canegre Menon Student	Carregie Wellon Em	proyeeNer	tner
Independent Contractor/Ho	norarium Payment Request	For Non-Employee	s form attached (must be
attached to process).	,	3pjcc	The second control of
Special Service Payment Re	equest for Current Employe	es form attached (r	nust be attached to process
If you are a Carneoie M.	ellon employee the honorarium	n will be included in a	and the differenced to process