## **IWU Student Senate Payment Request Form 2024**

Each section **must** be complete in order to process the check request. *Supporting documentation (receipts, invoices, contracts, W-9, etc,) MUST be attached to receive reimbursement.* Failure to complete all relevant sections will delay reimbursement.

Payable to:		
Amount: \$		
Without this information, the reimbursement will no	ot be processed.	
o If payment is for an Illinois Wesleyan student, staff, o Number: 9	or faculty member, please	put their IWU ID
o If payment is not for an Illinois Wesleyan student, sta address.	ff, or faculty member, ple	ease include their mailing
Address:	511.	
Please note any payments being made to a speaker of invoice and W-9 form for their services. The payment reimbursements can be made to students / faculty for	nt must go to the individ	lual or their agency. No
***************	******	**************Student
Group requesting payment:	V/	
Budget category for funding:	Y / B	
Description of items / events:		
Payee Signature:	Date:	(Person receiving the payment)
Payee's Email Address:		
Authorized Signature:	Date:	(Executive member of the RSO, canno
Authorizer's Email Address:		
Reimbursements for students and faculty must be turned be processed for the next week's checks. These will then b following Thursday at 1 PM.	-	

Questions or Concerns? Please contact Senate Comptroller Cayden Webster at

senate.comptroller@iwu.edu

Social Security & Tax ID numbers are used solely for tax purposes by the Illinois Wesleyan University Business Office