SRSGA INC.
Slippery Rock Student Government Association, Inc.

Office of Cooperative Activities
C-214 University Union
724.738.2103

PAYMENT REQUEST

Organization: _____

To: Cooperative Activities, Slippery Rock Student Government Association, Inc.

The following has been approved by the advisor and is submitted for payment:

Date Purchased	Item	Budget Line #	Cost

TOTAL: 0

Circle one: Mail to Payee Will Pick Up Check

Account: _____

Pay to: Name: _____
Address: _____

_____ _____
Submitter (Print) Date Submitter (Sign)

_____ _____
Advisor (Print) Date Advisor (Sign)

In order for your payment request to be honored, you must have done the following:

____ Expenditure submitted and approved through budget
____ Original invoice attached
____ If applicable, original signed contract attached
____ W-9 attached, if required (contract services provided, referees, etc.)