



Student and Non-employee
Payment Request Support

Student ID: _____

Date: _____

Name: _____

Department _____

Address: _____

Advisor/ Dept Contact: _____

where the check will be sent

Student Group / Sport: _____

if applicable

Total Amount Requested: _____

Receipts supporting request must be attached and all fields are required in order for request to be processed. Forms with missing information may be returned or delayed. Payment amount subject to change if in conflict with University policies. This form and receipts can be emailed to Procurement@villanova.edu

Reason for Reimbursement:

Meal Information: Provide the following information:

Location _____	Date _____
Topics of Discussion _____	Number of Attendees: _____
Name of Guests, including titles: _____	Total amount _____
_____	_____
_____	_____

Other Information: Indicate clearly what items were purchased.

Total Amount _____

Mileage information:

From: _____ To: _____

Miles _____ X Rate _____ = Total Mileage Reimbursement _____

I the undersigned verify the above statements to be true and correct, and that all expenditures were for business purposes only and were authorized by a representative of Villanova University.

Signature PI SIGNATURE _____