



Eastern Connecticut State University
SABO Gelsi & Young Room 341
83 Windham St – Willimantic, CT 06226
Phone (860) 465-5285 Fax (860) 465-5180

(A) Vendor/Payee Information:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 FEIN#/Eastern ID: _____
 Phone: (____) _____ Fax (____) _____

(B) Required Signatures:

Requestor/Treasurer _____ Date _____
 Advisor/Hall Director _____ Date _____
 Director of Student Activities/Residential Life _____ Date _____
 Dean of Student Affairs (Required if \$2,500 and over) _____ Date _____
 VP of Student Affairs (Required if \$2,500 and over) _____ Date _____

(C) Mailing Instructions:

Mail to Payee or Vendor Date Mailed _____ / _____ / _____ Initials _____
 Hold for Pickup Do Not Mail Date Check Needed _____
 Picked Up by: _____ Date _____
 Other Instructions _____

(D) Check Applicable box:

REMINDER: SALES TAX IS NOT REIMBURSABLE

- Cash Advance - Date check needed _____ / _____ / _____
- Reimbursement (Receipts attached)
- Vendor Payment
- Vendor Payment for Services (attach Honorarium, PSA)
- Transfer to another Club/Organization

(E) Club/Organization: _____

Date of Minutes _____ / _____ / _____ Motion # _____
 Attached copy of minutes required for all transactions.

Index#	Account#	Amount
Total \$		

Description/Document Text Information:

Clubs/Organizations are exempt from sales tax on equipment and supply purchases.

For SABO Use Only

Check Due Date _____ / _____ / _____ Verified By _____

Vendor Invoice# _____ Date _____

Posted By _____ Date _____ Banner #I _____

Index# _____ Account: _____ Amt: _____

Index# _____ Account: _____ Amt: _____

Index# _____ Account: _____ Amt: _____

Final Payment _____ Check # _____