



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](mailto: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 \_\_\_\_\_