

**PREPAYMENT FORM**

Please submit this request with all required signatures to [accounting@washburnlaw.edu](mailto:accounting@washburnlaw.edu)

Student organization to be charged: \_\_\_\_\_

Purchase payable to: \_\_\_\_\_

Payee's mailing address, line 1: \_\_\_\_\_

Payee's mailing address, line 2: \_\_\_\_\_

Payee's WIN number: \_\_\_\_\_

Date reimbursement submitted: \_\_\_\_\_

Total amount requested: \_\_\_\_\_

**Please Note:**

Purchases will be approved only up to the remaining allocated budget balance of the organization.

- WSBA will **not** approve purchases with gratuity charge **exceeding 20% of the pre-tax total** (the max tip that can be approved is 20% of the total before tax is applied).
- Purchase requests **MUST** be submitted at least **5 school days** before the date the purchased item is needed, **or** if the shipping time will exceed **5 school days**, at least **2 school days** longer than the shipping estimate before the item is needed.
- Student organizations are responsible for keeping copies of all receipts.
- Check payments will be mailed to payee's mailing address unless other arrangements are approved in advance. Payee's address **MUST** be provided.
- If Payee is an individual, the individual's WIN number (If Student: student ID number. If Vendor: Check with Office) **MUST** be provided.

Date Needed	Total	Price Per	# Of Items	Purpose
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**LINKS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The undersigned verify the accuracy of the above listed expenses to the best of their knowledge and affirm that these expenses are to be incurred by a student organization recognized by the Washburn Student Bar Association. There **MUST** be two signatures from **two** officers of the organization. Esignature may be used to sign for electronic submissions.

\_\_\_\_\_  
Signature of Organization Treasurer

\_\_\_\_\_  
Signature of Other Authorized Individual

**If using WSBA Funds**

Signature of WSBA Treasurer: \_\_\_\_\_

**For internal use only**

Date Received: \_\_\_\_\_ Date approved: \_\_\_\_\_ Date distributed: \_\_\_\_\_

Method of distribution:     P-card         School account order         Direct-bill         Invoice

Fund: 111200    Org: 330040    Account: \_\_\_\_\_    Prog: 15001    Activity: \_\_\_\_\_    Multiple Activity Code and Amount

Notes for this Purchase: