



**Send to:**  
 Office of Student Involvement  
 4400 University Drive  
 The HUB, Suite 2300  
 Fairfax, VA 22030  
 MSN: 2D6

# RSO Payment Request Form

**Use for:** Reimbursements, Honorarium Payments, Dues Payments, and Conference Registrations.

**Instructions:** Submit completed, signed RSO Payment Request Form to the Office of Student Involvement. Attach the original, itemized invoice or receipt to be paid.

**Additional Requirements:** Attach a Food & Beverage Form, if purchasing food. Attach a W-9 form, for non-students not previously paid by the University. Attach a list of student names for dues payments and conference registrations.

PAYEE INFORMATION:	EVENT INFORMATION:
Name: _____  Address: _____ <div style="text-align: center; font-size: small;">(Number and street)</div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>_____ (City)</span> <span>_____ (State)</span> <span>_____ (Zip code)</span> </div> Tax Id# or Student G# _____  Contact Person: _____  Telephone: _____  E-mail: _____  <b><u>Check One:</u></b> <input type="checkbox"/> U.S. citizen/ lawful permanent resident <input type="checkbox"/> Nonimmigrant visa holder and activities conducted in the US (visa status) _____ <input type="checkbox"/> Non-U.S. citizen OR nonimmigrant visa holder and activities conducted outside the U.S.	Event Name: _____  Event Date: ____/____/____  Description: _____ _____ _____ _____ _____ _____

FUNDING INFORMATION:	STUDENT ORGANIZATION INFORMATION:						
<b>Please specify payment type:</b>  Student Funding Board (SFB): _____ <div style="text-align: center; font-size: small;">(Amount)</div> Self-Generated Revenue (SGR): _____ <div style="text-align: center; font-size: small;">(Amount)</div> <b>Total Amount to Pay:</b> _____ <div style="text-align: center; font-size: small;">(Amount)</div>	Org Name: _____  Org Number: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px;"> <tr> <td style="width: 20px;">6</td> <td style="width: 20px;">1</td> <td style="width: 20px;">0</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table> Requestor's Name: _____  Requestor's Email: _____ <div style="text-align: right; font-size: small;">@masonlive.gmu.edu</div> Requestor's Telephone: _____	6	1	0			
6	1	0					

Requesting RSO Officer's Signature Print Name Title Date

Signature of Payee if Mason Student or Employee Print Name Date

(Signature certifies that this is a necessary and appropriate expenditure that has not been nor will not be reimbursed by another party. Signature acknowledges that the goods purchased become the property of the University.)