

Student Affairs **Internal Accounts Payable Processing Form [MSC Form B]**

FOR OFFICE USE ONLY

Accounting Unit: _____ Act. #: _____

Event Details

Event Date: _____ Today's Date: _____

Name of Event/Meeting: _____

Check all that apply, participants: Students: Employees:

Visitors: Other: _____

Brief Description of Event/Meeting:

Name of Club/Org./Class/Regional Campus/Office and/or Department

MSC Club/Organization Name: _____

National Association Name: _____

Class Name/Year: _____ Regional Campus Name: _____

Office/Department Name: _____

Note: Plesae provide information of who should be Reimbursed/Paid below!

Name of Student/Employee/Vendor: _____

Student/Employee/Vendor ID: _____ Amt. _____

Student/Employee/Vendor Address (Listed on Bank Acct. use line below):

Payment Method: Corpoarate Card: PO:

Request for Payment (RFP): Other: _____

Please Attach RSVP/Sign-up Sheet of participants. If you have a small group, feel free to list the names of the participants in the description of this form. Also, please attach the original itemized receipts!

Note: Pleae note that this form is an **INTERNAL FORM for communication/tracking purposes ONLY. It is NOT a GCSOM Finance Department and/or Geisinger Health System official document. It is a document created by student affairs staff to assist with the high volume of activity processed via the department as it relates to the day to day operations of programmatic initiatives for students/employees. **If you have any questions or need assistance regarding the use of this form, please contact Dr. Sapp at vsapp@som.geisinger.edu or 570.504.9631 Ext. 1267.****

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Staff Signature: _____