



EASTERN KENTUCKY UNIVERSITY
2007-2008 SPORT CLUBS
DIRECT PAY REQUEST

Person Making Request (MUST BE CLUB OFFICER):

Name: _____ Club: _____
Address: _____ Phone: _____
_____ Position in Club: _____
Email: _____

Direct Payment Information:

Vendor/Person Performing Services/Person to Reimburse: _____

Address: _____
City: _____ State: _____ ZIP: _____

If Person to Reimburse is EKU Student Please Include ID #: _____

Date(s) Service(s) Performed: _____, _____, _____, _____

Services Performed (i.e. Ref Services, Equipment Purchase, Hotels, Gas, Entrance Fees, etc.)

Note: If Services are performed by single entities, such as referees, a Taxpayer Identification Number Request form must be filled out.

Amount Requested: \$ _____ Amount in Club Account: \$ _____

Rationale for Use of Funds (Please Provide Information as to why funds were used and the benefit to Campus Recreation/EKU):

Signature of Requestor: _____ Date: _____

REMEMBER TO ATTACH AN INVOICE/RECEIPT TO THIS FORM!