



Payee Invoice

Registered Sports Clubs

**Procurement Services – Modular II
Office of the Controller**

Phone: (239) 590-1130
Fax: (239) 590-1140

10501 FGCU Boulevard South
Fort Myers, FL 33965

Note: Submitting a Payee Invoice does not guarantee that funds will be reimbursed. Always make a copy of all documents for your records.

Please check one:

- Mail payment to payee address.
 Call for pickup. Phone: _____

Payee Information

_____			_____		
Payee Name (Student or Advisor)			University ID Number (UIN)		
_____			_____		
Email Address (Best Contact)			Club Name		
_____			<input type="checkbox"/> A&S Account: _____ <input type="checkbox"/> Cash Account: _____		
_____			Index/Fund/Org/Acct		
Mailing Address			Pool: <input type="checkbox"/> General <input type="checkbox"/> Travel		
_____	_____	_____			
City	State	Zip Code			

Description of Goods (1) Original itemized receipts must be attached (2) Date & Name of Event / Activity must also be included	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Reimbursement Total:	_____

Authorization of Payment

_____	_____	_____
Signature of Payee	Printed Name	Date
_____	_____	_____
Organization Officer*	Printed Name, Title	Date
<small>*If Payee is a club officer, a different officer signature is required.</small>		
_____	_____	_____
SCC Treasurer/President	Printed Name	Date
_____	_____	_____
Sports Clubs Coordinator	Date	Procurement Services Date

Procurement Services Use Only: PI # _____
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