

## Request for Registration Fees Payment

*Please forward completed form with approvals and respective back-up documentation to Travel or email, travel@csc.edu*

**COMPLETE THIS SECTION** *If payment is not by check, please attach appropriate payment instructions*

<b>Date of Request:</b>	<b>Extension:</b>
<b>Employee Name:</b>	<b>Employee Signature:</b>
<b>Division:</b>	<b>Department:</b>
<b>Check Payable to:</b>	
<b>Address:</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>Amount of Request:</b>	
<b>Vendor ID (if known)</b>	<b>Cougar ID:</b>

**Reason & Additional Instructions for Check/Payment Request:**

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**REGISTRATION FEES** *Please complete if this is a pre-payment or request for reimbursement for local conference/seminars Fees. All proper back-up documentation, ie registration information or form shall be attached.*

Pre-pay registration fee	Reimbursement for Registration Fee <i>(If selecting this option, choose delivery option)</i>	<i>Mail Check to Home Address Pick Up Check at Cashier's</i>
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Name of Meeting:

Place of Meeting:

Date(s) of Meeting:

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**APPROVALS**

<b>Account Number:</b>	<b>Project I.D. (if applicable)</b>	
<b>Amount:</b>		
<b>Account Number:</b>	<b>Project I.D. (if applicable)</b>	
<b>Amount:</b>		<b>P.I. (If Project ID)</b>
<b>Chair/Supervisor</b>	<b>Date</b>	
<b>Dean/Director</b>	<b>Date</b>	<b>Date</b>
<b>Cabinet</b> (Executive Office)	<b>Date</b>	