SOAS Purchase Request eForm

Use the SOAS Purchase Request eForm to submit payment request types (such as Reimbursements, Vendor Payments, Services Rendered, and Award & Prizes) from student organization funds to the Shared Services Center (SSC) for processing. You may also use this eForm to request Transfers between student organizations and Donations from a Designated Fund (DF). Note: an asterisk * indicates a required field.

Step 1: Complete the Request Details fields

1. Enter the total purchase request amount in the Requested Amount field (required).
2. Enter a description for the request in the Description field (required). This information will be printed on the check.
3. The Project Grant number will be pre-populated from the Dashboard.

Step 2: Select the Purchase Request type

1. Select the type of Purchase Request being requested from the selection (required).

Additional required and optional fields will display after selecting.

Complete the following fields for the specifically requested Purchase Request type.
Reimbursements

2. Enter the full name of the individual being reimbursed in the **Full Payee Name** field (required).

3. Enter the street address in the **Street** field (required).

4. Enter the city address in the **City** field (required).

5. Enter the State or Province in the **State/Province** field (required).

6. Enter the Zip or Postal Code in the **Zip/Postal Code** field (required).

7. Select the way the check will be given to the individual being reimbursed under the **Check Type** (required).

   - Pick Up will be picked up at SOAS office and Mail will be delivered to the address given above via post.

8. Select “Yes” or “No” from the drop-down menu under the **Does payee need to be reimbursed for mileage on a personal vehicle?** field. The “Yes” option will populate new textfields to complete (example not shown).

9. Select the checkbox next to the text certifying you are not authorizing a payment to yourself or family and that this is not a duplicate payment (required).

10. If you are ready for this payment to be processed, select the “Yes” option from the drop-down menu under the **Are you ready for this payment to be processed?** field (required).

11. Select the checkbox next to the text certifying you have attached the appropriate receipts (required).
Vendor Payments

2. Enter the full name of the individual being reimbursed in the Full Payee Name field (required).

3. Enter the street address in the Street field (required).

4. Enter the city address in the City field (required).

5. Enter the State or Province in the State/Province field (required).

6. Enter the Zip or Postal Code in the Zip/Postal Code field (required).

7. Select the way the check will be given to the vendor being paid under the Check Type (required).

8. Select the checkbox next to the text certifying you are not authorizing a payment to yourself or family and that this is not a duplicate payment (optional).

9. If you are ready for this payment to be processed, select the “Yes” option from the drop-down menu under the Are you ready for this payment to be processed? field (required).

10. Select the checkbox under Options – I certify that I attached the invoice (required).

11. Select the checkbox next to the text certifying you have attached the appropriate receipts and/or W9 (required).
Services Rendered

2. Enter the full name of the individual being reimbursed in the **Full Payee Name** field (required).

3. Enter the street address in the **Street** field (required).

4. Enter the city address in the **City** field (required).

5. Enter the State or Province in the **State/Province** field (required).

6. Enter the Zip or Postal Code in the **Zip/Postal Code** field (required).

8. Select the way the check will be given to the individual being paid under the **Check Type** (required).

7. Select the option of the **Affiliation** for the individual being reimbursed (required).

8. Select the option of the **Citizenship** for the individual being reimbursed (required).

9. Complete the **Date of Service** textbox for the dates of service being reimbursed (example not pictured) (required).

11. Select the checkbox next to the text certifying you are not authorizing a payment to yourself or family and that this is not a duplicate payment (optional).

9. If you are ready for this payment to be processed, select the “Yes” option from the drop-down menu under the **Are you ready for this payment to be processed?** field (required).

13. Select the checkbox under the **I certify that I attached the invoice** field (required).

14. Select the checkbox under the **I certify that I attached the Substitute W9** field (required).
2. Enter the full name of the individual being reimbursed in the **Full Payee Name** field (required).

3. Enter the street address in the **Street** field (required).

4. Enter the city address in the **City** field (required).

5. Enter the State or Province in the **State/Province** field (required).

6. Enter the Zip or Postal Code in the **Zip/Postal Code** field (required).

9. Select the way the check will be given to the company being paid under the **Check Type** (required).

10. Type the purpose of the donation in the textbox under the **Purpose of the donation** field (required).

11. By default, the drop-down menu under the disclaimer about raised funds is set to “Yes”. If this is not the case, select “No” in the drop-down menu.

12. Explain how the funds were raised in the textbox under the **How were these funds raised** field (required).

11. Select the checkbox next to the text certifying you are not authorizing a payment to yourself or family and that this is not a duplicate payment (optional).

12. If you are ready for this payment to be processed, select the “Yes” option from the drop-down menu under the **Are you ready for this payment to be processed?** field (required).
2. Type the Project Grant number for the Project Grant the funds will be transferred to in the textbox under **Project/Grant** (required).

3. Type the name of the organization the funds will be transferred to in the textbox under **Organization Name** (required). Please do not abbreviate.

4. Type the 6-digit shortcode of the Project Grant the funds will be transferred to in the textbox under **Shortcode** (required).

5. Select the checkbox next to the text certifying you are not authorizing a payment to yourself or family and that this is not a duplicate payment (optional).

6. If you are ready for this payment to be processed, select the “Yes” option from the drop-down menu under the **Are you ready for this payment to be processed?** field (required).
2. Enter the full name of the individual being reimbursed in the **Full Payee Name** field (required).

3. Enter the street address in the **Street** field (required).

4. Enter the city address in the **City** field (required).

5. Enter the State or Province in the **State/Province** field (required).

6. Enter the Zip or Postal Code in the **Zip/Postal Code** field (required).

13. Select the way the check will be given to the individual being reimbursed under the **Check Type** (required).

14. Select the option of the **Affiliation** for the individual being reimbursed (required).

15. Type a brief description of the judging criteria used for the award or prize in the textbox under the **Brief explanation of the judging criteria** field (required).

10. Select the checkbox next to the text certifying you are not authorizing a payment to yourself or family and that this is not a duplicate payment (optional).

11. If you are ready for this payment to be processed, select the “Yes” option from the drop-down menu under the **Are you ready for this payment to be processed?** field (required).
Step 3: Attach supporting documents (if applicable)

1. Click **Attach** (paperclip icon) located in the upper right section of the eForm.

   The **Attachments** pop up window displays.

2. Click **Choose Files** to locate the document file(s) on your computer.

   Select the file from your computer to attach and click **Open** (not shown).

   The truncated filename displays in the **Attachments** pop up window (in this example, the complete filename is *Support Doc Sample.pdf*).

3. Click **Attach**.

   Note: to attach additional documents, click **Add Another Attachment** and follow step 2 above.

4. The filename displays in the **Current file attachments** section.

5. Click **Close**.

   Note: If you selected the incorrect file to attach, check the box next to the filename and click **Remove**.
**Step 4: Submit the eForm**

To send the eForm information and any attachments to the SSC, click the **Submit** button located at the bottom right of the eForm.