

**SFC Reallocation Form**Club Name: Pulso LatinoReallocation from: Workshops for the CommunityReallocating to: Food for a group meetingAmount to be reallocated: \$37.71Reason for reallocation: We need more funds for an internal meeting once we have finished our workshopsTreasurer's Signature: Sheena A. ApalDate: May 2, 2013

SFC Approval: \_\_\_\_\_

**Request for SFC Reimbursement**Date: May 2, 2013Club/Organization: Pulso LatinoEvent Description: Food for meetingClub Treasurer: Sheena GopalClub Treasurer Phone Number: (856)220-3955Amount Requested: \$37.71**Fill in one type of reimbursement**

## 1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*Student Name: Kailina Mastroianni ID.#: 3707075 Box#: C-1154

write the payee name and ID number directly on the receipt

## 2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

## 3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

## 4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form***IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_

**Request for SFC Reimbursement**Date: 05/02/13Club/Organization: Greasepaint ProductionsEvent Description: "Reefer Madness" (from last semester)Club Treasurer: Tiffany GaalClub Treasurer Phone Number: (501) 322-9704Amount Requested: \$8.61**Fill in one type of reimbursement**

## 1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*Student Name: Stacy Hovesh I.D.#: 3605045 Box#: 904

write the payee name and ID number directly on the receipt

## 2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

## 3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

## 4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form***IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_

**Request for SFC Reimbursement**

Date: \_\_\_\_\_

Club/Organization: pre-Health Club

Event Description: Senior Dinner

Club Treasurer: Manahil Golezi

Club Treasurer Phone Number: 859-221-2787

Amount Requested: \$ 3.56

**Fill in one type of reimbursement**

1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*

Student Name: Jancy Munguia I.D.#: 3687790 Box#: C-601

write the payee name and ID number directly on the receipt

2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_  
\_\_\_\_\_

**Request for SFC Reimbursement**

Date: 04/26/2013

Club/Organization: pre-Health Club

Event Description: Senior Dinner

Club Treasurer: Manahil Siddiqi

Club Treasurer Phone Number: 859-221-2787

Amount Requested: \$ 4.98

**Fill in one type of reimbursement**

1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*

Student Name: Manahil Siddiqi I.D.#: 3718419 Box#: 1365

write the payee name and ID number directly on the receipt

2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_

\_\_\_\_\_

**Request for SFC Reimbursement**

Date: 4/28/13

Club/Organization: Hepburn's Closet

Event Description: Red Carpet Release Party

Club Treasurer: Jessica Tan

Club Treasurer Phone Number: (609) 947-6851

Amount Requested: ~~3333.00~~ \$355.21

**Fill in one type of reimbursement**

1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*

Student Name: Jessica Tan I.D.#: 3572748 Box#: C-1251

write the payee name and ID number directly on the receipt

2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_  
\_\_\_\_\_

# Request for SFC Reimbursement

Date: 4/21/13

Club/Organization: Bryn Mawr Concert Series

Event Description: Concert

Club Treasurer: Julia Sakamoto & Vanessa Ide

Club Treasurer Phone Number: (916) 316-9889

Amount Requested: \$1104.19

## Fill in one type of reimbursement

### 1. Student Payee

*Please include original receipts with this form*

Student Name: Julia Sakamoto I.D.#: 3531110 Box#: 1153

### 2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

### 3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

### 4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_  
\_\_\_\_\_

**Request for SFC Reimbursement**

Date: 04/13/2013

Club/Organization: CESA

Event Description: Kite flying event

Club Treasurer: Tifan Liu

Club Treasurer Phone Number: 215-866-6661

Amount Requested: 16.04

**Fill in one type of reimbursement**

1. Student Payee  
*Please include original receipts with this form*

Student Name: Siyue Guo I.D.#: 3684170 Box#: 247

2. Vendor Payee  
*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee  
*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party  
*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_  
\_\_\_\_\_



**Request for SFC Reimbursement**

Date: May 2, 2013

Club/Organization: Class of 2015

Event Description: Sister Class Tea

Club Treasurer: Makala Forster + Marian Slocum  
(co-presidents)

Club Treasurer Phone Number: 917-691-5919

Amount Requested: \$ 120.64

**Fill in one type of reimbursement**

1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*

Student Name: Makala Forster ID.#: 3760778 Box#: 691

write the payee name and ID number directly on the receipt

2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_

\_\_\_\_\_

# Request for SFC Reimbursement

Date: 5/3/13

Club/Organization: Extreme Keys

Event Description: Mixing session at Studio Crash

Club Treasurer: Alex Mannix and Emma Koko

Club Treasurer Phone Number: 404-356-3735

Amount Requested: \$210

## Fill in one type of reimbursement

### 1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*

Student Name: Alexandra Mannix I.D.#: 3789506 Box#: C-1144

write the payee name and ID number directly on the receipt

### 2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

### 3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

### 4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_

\_\_\_\_\_

**Request for SFC Reimbursement**

Date: 5/2/13

Club/Organization: SAC

Event Description: Cupcake Hour

Club Treasurer: Chantille Kennedy

Club Treasurer Phone Number: 302-293-1627

Amount Requested: 60.00

**Fill in one type of reimbursement**

1. Student Payee

*Please include original receipts with this form*

Student Name: Karina Siu I.D.#: 3593813 Box#: C887

2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_  
\_\_\_\_\_

**Request for SFC Reimbursement**

Date: 4/19/2013

Club/Organization: Campus Girl Scouts

Event Description: Spring Workshop

Club Treasurer: Melissa Torquato

Club Treasurer Phone Number: (201) 837-7619

Amount Requested: \$164.99

**Fill in one type of reimbursement**

1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*

Student Name: Melissa Torquato I.D.#: 3696588 Box#: 1427

write the payee name and ID number directly on the receipt

2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_

\_\_\_\_\_

## Request for SFC Reimbursement

Date: 5/4/13

Club/Organization: Rainbow Alliance

Event Description: Ally Week Raffle Prizes

Club Treasurer: Hannah Organick

Club Treasurer Phone Number: 318-560-8223

Amount Requested: 46.94

### Fill in one type of reimbursement

#### 1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*

Student Name: Rachel Feynman I.D.#: 3811195 Box#: C-684

write the payee name and ID number directly on the receipt

#### 2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

#### 3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

#### 4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: Rachel Feynman

Address Check Should Be Sent To: Bryn Mawr College  
101 N. Merion Ave  
Box C-684

**Request for SFC Reimbursement**

Date: April 7 2013

Club/Organization: Bryn Mawr InterVarsity Christian Fellowship

Event Description: International Worship Night

Club Treasurer: ~~Lee~~ Xinyuan Dong

Club Treasurer Phone Number: 610 5050671

Amount Requested: ~~\$15.38~~ \$15.71

**Fill in one type of reimbursement**

1. Student Payee

*Please include original receipts with this form*

Student Name: Rebekah Adams I.D.#: 3756629 Box#: C-158

2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_  
\_\_\_\_\_

**Request for SFC Reimbursement**

Date: 04/29/13

Club/Organization: LVCF

Event Description: community group activity

Club Treasurer: Xinyuan Dong

Club Treasurer Phone Number: 610 5050671

Amount Requested: \$13.5

**Fill in one type of reimbursement**

1. Student Payee

*Please include original receipts with this form*

Student Name: Xinyuan Dong ID.#: 3813861 Box#: 597

2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_  
\_\_\_\_\_

**Request for SFC Reimbursement**

Date: 04/29/13

Club/Organization: IVCF

Event Description: Easter Night (large group event)

Club Treasurer: Xinyuan Dong

Club Treasurer Phone Number: 610-505-0671

Amount Requested: \$ 6.66 + 17.61 = 24.27

**Fill in one type of reimbursement**

1. Student Payee

*Please include original receipts with this form*

Student Name: Chrystyna Colon I.D.#: 3808758 Box#: 473

2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_  
\_\_\_\_\_



**Request for SFC Reimbursement**

Date: 05/03/13

Club/Organization: IVCF

Event Description: community group activity

Club Treasurer: Xinyuan Dong

Club Treasurer Phone Number: 6105050671

Amount Requested: \$ 7.75

**Fill in one type of reimbursement**

1. Student Payee

*Please include original receipts with this form*

Student Name: Rachel Kuttan I.D.#: 3551898 Box#: 876

2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_  
\_\_\_\_\_

# Request for SFC Reimbursement

Date: \_\_\_\_\_

Club/Organization: IVCF

Event Description: Community group activity

Club Treasurer: Xinyuan Peng

Club Treasurer Phone Number: 6105050671

Amount Requested: \$ 20

## Fill in one type of reimbursement

### 1. Student Payee

*Please include original receipts with this form*

Student Name: Cerise Jones ID.#: 3605877 Box#: 988

### 2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

### 3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

### 4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_  
\_\_\_\_\_

**Request for SFC Reimbursement**

Date: 05/03/13

Club/Organization: IVCF

Event Description: Community group activity

Club Treasurer: Xinyuan Dong

Club Treasurer Phone Number: 6105050671

Amount Requested: \$ 25.20

**Fill in one type of reimbursement**

1. Student Payee

*Please include original receipts with this form*

Student Name: Christyne Colon I.D.#: 3808758 Box#: 473

2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_  
\_\_\_\_\_

**Request for SFC Reimbursement**

Date: 5/3/13

Club/Organization: Rainbow Alliance

Event Description: Baskets for Day of Silence

Club Treasurer: Hannah Organick

Club Treasurer Phone Number: (318) 560-8223

Amount Requested: \$4.24

**Fill in one type of reimbursement**

1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*

Student Name: Melissa Torquato I.D.#: 3696588 Box#: 1427

write the payee name and ID number directly on the receipt

2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_  
\_\_\_\_\_

**Request for SFC Reimbursement**

Date: 5/7/13

Club/Organization: Extreme Keys

Event Description: CD duplication / printing

Club Treasurer: Alex Merrick and Emmeke Koko

Club Treasurer Phone Number: 484-356-3735

Amount Requested: \$29

**Fill in one type of reimbursement**

1. Student Payee

*Please include original receipts with this form*

Student Name: Alexandra Merrick I.D.#: 3789500 Box#: C1144

2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_  
\_\_\_\_\_

**Request for SFC Reimbursement**

Date: 5/7/13

Club/Organization: Extreme Keys

Event Description: CD production / printing - Cases + covers

Club Treasurer: Alex Munnix and Emma Kido

Club Treasurer Phone Number: 484-356-3735

Amount Requested: \$97.29

**Fill in one type of reimbursement**

1. Student Payee

*Please include original receipts with this form*

Student Name: Alexandra Munnix I.D.#: 3789506 Box#: C1144

2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_  
\_\_\_\_\_

**Request for SFC Reimbursement**

Date: 5/7/13

Club/Organization: Renewal College Fellowship

Event Description: Care Packages

Club Treasurer: Esther Tong

Club Treasurer Phone Number: (610) 505-0346

Amount Requested: \$ 66.85

**Fill in one type of reimbursement**

1. Student Payee

*Please include original receipts with this form*

Student Name: Diana Park I.D.#: 3552385 Box#: 1088

2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_  
\_\_\_\_\_

# Request for SFC Reimbursement

Date: 5/4/13

Club/Organization: Rainbow Alliance

Event Description: Ally Week Party Food

Club Treasurer: Hannah Orogenick

Club Treasurer Phone Number: 318 560 8223

Amount Requested: \$ 34.23

## Fill in one type of reimbursement

### 1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*

Student Name: Hannah Orogenick I.D.#: 3701060 Box#: C1261

write the payee name and ID number directly on the receipt

### 2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

### 3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

### 4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: Hannah Orogenick

Address Check Should Be Sent To: Bryn Mawr College  
101 N. Merion Ave  
Box C-1261



# Request for SFC Reimbursement

Date: 5/4/13

Club/Organization: Rainbow Alliance

Event Description: All week Discussion Food

Club Treasurer: Hannah Organick

Club Treasurer Phone Number: 318 560 8223

Amount Requested: \$ 49.06

## Fill in one type of reimbursement

### 1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*

Student Name: Hannah Organick ID.#: 3701060 Box#: C-1261

write the payee name and ID number directly on the receipt

### 2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

### 3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

### 4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: Hannah Organick

Address Check Should Be Sent To: 101 N. Merion Ave  
Box 1261



**BRYN MAWR COLLEGE  
CONTROLLER'S OFFICE MEMORANDUM**

TO: HIRA ISMAIL

FROM: Controller's Office, Accounts Payable

SUBJECT: Advance Request Reconciliation Form

DATE: 3/27/13 INITIALS: JG

Enclosed is your requested advance which is detailed below:

Payment date: 4/1/13

Advance Amount: \$ 1800.00 Payment # 686

16-digit Account # charged: 1-20299-00000-99999

Name of Payee: HIRA ISMAIL

Reason for advance: MSA FUNDRAISING DINNER

If travel advance:  
 Trip (City/State or Country): \_\_\_\_\_  
 Trip return date: \_\_\_/\_\_\_/\_\_\_

In accordance with IRS regulations, Bryn Mawr College requires ORIGINAL ITEMIZED PAID RECEIPTS as supporting documentation to substantiate the amount of the advanced funds.

Please submit your documentation and receipts for ALL expenses related to this advance request to the Controller's Office, Accounts Payable within 30 days from the date of the expenditures or the trip return date, whichever is applicable. Complete and attach this cover sheet to your receipts. If you have any questions or need Accounts Payable forms, please contact Mary Ellen Gardner (5258) or Julie Zona (5257). Thank you!

- Please check one:
- The attached receipts are less than the advanced amount. I have completed the cashier's deposit form and enclosed the exact amount of the unused funds.
  - The attached receipts are more than the advanced amount. I am requesting additional reimbursement and have completed and attached the proper Accounts Payable form.  
 (Note: Non-travel reimbursement requests should be submitted on the pink form and travel reimbursement requests should be submitted on the yellow form.)
  - I have attached receipts for the exact amount of the advance.

Signature: Hira Ismail Date: 04/10/13

# Kabobeesh

An Authentic Taste In Bar-B-Q Grill

4119 Walnut St. Philadelphia PA-19104  
Ph : 215-386-8081

1420-W Cecil B-Moore Ave  
Philadelphia PA-19121  
Ph : 215-235-0999 Fax : 215-235-9990

Date 4-1-13

INVOICE

Ref. No. 047

M/s Brynmore College

DATE	PARTICULARS	RATE	Amount (in Rupees)
	Kabobeesh Menu NO 2 - FOR 150 People -		1864-
	2 BEER KABOBS -		}
	SERVER		
	DISHES -		
	TOTAL		1864-
	ADV.		
	BAL.		1864-

Signature

*JMR*

# Kabobeesh

The Authentic Name in Bar-B-Q Grill

4119 Walnut St. Philadelphia PA 19104  
Ph: 215-386-8081

1420 W Cecil-B-Moore Ave  
Philadelphia PA 19121  
Ph: 215-235-0999 Fax: 215-235-9990

Date 4-1-13

**INVOICE**

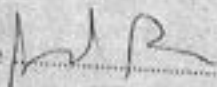
031

Ref. No.

Mr Miss HIRA % BEN MARR College

DATE	PARTICULARS	RATE	Amount (in Rupees)
	SERVICE AND		150
	DELIVERY CHARGE -		
	TOTAL		150-
	ADV.		150-
	BAL.		NIL

Signature



**Bryn Mawr College Controller's Office**  
**Accounts Payable Transmittal**

Vendor Name The Shluchim Office

For Accounts Payable Use Only:  
 Vendor # \_\_\_\_\_

16-Digit Account Number			Invoice Amount	Invoice Number	Invoice Date
Fund	Expense	Dept-Project			
1	20299	00000	99999 \$ 161.69		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		

*Amy -*  
 THIS INVOICE SHOWS  
 IT WAS PAID BY  
 CREDIT. IF THIS IS  
 ADVANCE RECONCILIATION  
 WHO IS THE STUDENT?  
~~OTHERWISE~~ - WE CAN NOT  
 PAY THIS SINCE IT  
 IS PAID. JULIE

Grand Total \$ 161.69

Send blue form with *original invoices* to Accounts Payable and retain copies for your files.  
 The material(s)/services on the attached original invoices have been received and are accepted.

SBA Department 3/31/13 Date

Amy Chen Approved Signature \_\_\_\_\_ Telephone Extension \_\_\_\_\_

	SHIPPING CCSU	Shipping Charges	29.27	29.27
		Non cash sale	3.17	3.17
			<b>Total</b>	\$161.69
			<b>Payments/Credits</b>	\$-161.69
			<b>Balance Due</b>	<b>\$0.00</b>

Please make checks payable to The Shluchim Office.

Phone #	Fax #	E-mail	Web Site
718-221-0500	718-221-0985	bshemtov@shluchim.org	www.shluchim.org

**Request for SFC Reimbursement**

Date: 4/8/2013

Club/Organization: Bryn Mawr Hillel

Event Description: First/Schal Sedar (Passover)

Club Treasurer: Daisy Sheng

Club Treasurer Phone Number: 484-343-6177

Amount Requested: \$ 450

**Fill in one type of reimbursement**

1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*

Student Name: \_\_\_\_\_ I.D.#: \_\_\_\_\_ Box#: \_\_\_\_\_

write the payee name and ID number directly on the receipt

2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: Temple University

Address Check Should Be Sent To: 1355 N. 13th Street, Philadelphia PA, 19144

**Request for SFC Reimbursement**

Date: 4/24/13

Club/Organization: Debate Society

Event Description: Spez Cards for Internal Speed Debating Tournament

Club Treasurer: Elsie Chung, Paige De Rosa

Club Treasurer Phone Number: 347-804-8150

Amount Requested: \$ 30.85

**Fill in one type of reimbursement**

1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*

Student Name: Paige De Rosa I.D.#: 3583633 Box#: 152

write the payee name and ID number directly on the receipt

2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_  
\_\_\_\_\_

**Request for SFC Reimbursement**Date: 4/24/13Club/Organization: Debate SocietyEvent Description: Chipotle for Internal Speed Debating TournamentClub Treasurer: Elsie Chung, Paige De RosaClub Treasurer Phone Number: 347-804-8150Amount Requested: \$105.10**Fill in one type of reimbursement**

## 1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*

Student Name: Paige De Rosa I.D.#: 3583633 Box#: 152

write the payee name and ID number directly on the receipt

## 2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

## 3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

## 4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_



**SFC Reallocation Form**Club Name: Debate SocietyReallocation from: Home Debate TournamentReallocating to: Internal Speed Debating Tournament For Bryn Mawr studentsTotal = \$220  
Amount to be reallocated: \$100 for food + drinks, \$40 for pens\$50 for Starbucks gift cards for prizes  
Reason for reallocation: \$30 for topic cards (topic cards for the tournament)We are moving funds from our tournament hosted for APPA colleges to a an event for Bryn Mawr students. We canceled the original tournament.Treasurer's Signature: Paige DeRozuDate: April 2nd 2013

SFC Approval: \_\_\_\_\_

Zimbra

pderosa@brynmawr.edu

---

**Re: Debate Reallocation**

---

**From :** Paige De Rosa <pderosa@brynmawr.edu>

Fri, Apr 05, 2013 10:20 AM

**Subject :** Re: Debate Reallocation

**To :** Yuan Chen <yuanamychen@gmail.com>

Thank you very much!

----- Original Message -----

From: "Yuan Chen" <yuanamychen@gmail.com>

To: "Paige De Rosa" <pderosa@brynmawr.edu>

Sent: Friday, April 5, 2013 12:12:04 AM

Subject: Re: Debate Reallocation

Sorry, I totally thought that I replied. Yes, that's totally fine. I'm so sorry

Amy

On Apr 2, 2013, at 8:29 PM, Paige De Rosa <pderosa@brynmawr.edu> wrote:

> Hi Amy,

>

> I am writing to ask about a reallocation for the Debate team. We had originally budgeted \$300 for a debate tournament we were to host where other colleges in the American Parliamentary Debate Association would come to compete. We have canceled that tournament in favor of having an informal, fun event where Bryn Mawr students will speed debate, meaning we will have several rounds of 8 minute debates along with food and prizes. Our goal is to re-energize the team with some fun events catering directly to our fellow students. The event would be on April. 13th.

>

> We would like to reallocate:

>

> \$100 for food and drinks

> \$40 for pens

> \$50 for starbucks gift cards as prizes

> \$30 for sparcards- topic cards to be used during the debates

>

> Overall, we would like to reallocate \$220 dollars originally budgeted from our Home Debate Tournament money of \$300.

>

> I would really appreciate your approval on this when you get a chance!

## SFC Reallocation Form

Club Name: Hepburn's Closet

Reallocation from: Advertisement

Reallocating to: Red Carpet Release Party

Amount to be reallocated: \$30

Reason for reallocation: Need more funds for the Red Carpet Event

Treasurer's Signature: Jessica Tan

Date: 4/22/13

SFC Approval: \_\_\_\_\_

**Request for SFC Reimbursement**

Date: 4/22/13

Club/Organization: Hepburn's Closet

Event Description: Red Carpet Release Party

Club Treasurer: Jessica Tan

Club Treasurer Phone Number: (609) 947-6851

Amount Requested: \$ 13.50

**Fill in one type of reimbursement**

1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*

Student Name: Jessica Tan I.D.#: 3572748 Box#: C-1251

write the payee name and ID number directly on the receipt

2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_  
\_\_\_\_\_

**Request for SFC Reimbursement**

Date: 3-27-13

Club/Organization: Buzzing 4 Change

Event Description: Event where hair is cut/buzzed for donations

Club Treasurer: Shannon Murphy

Club Treasurer Phone Number: (610) 256-2847

Amount Requested: [REDACTED] \$132.56

**Fill in one type of reimbursement**

1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*

Student Name: Shannon Murphy I.D.#: 3682353 Box#: 611

write the payee name and ID number directly on the receipt

2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: Ashley Mallon

Address Check Should Be Sent To: 4419 Baltimore Ave  
Floor 3  
Philadelphia PA 19104

# Request for SFC Reimbursement

Date: 5/4/13

Club/Organization: Rainbow Alliance

Event Description: ~~Atkins~~ craft supplies for world AIDS Day & Day of Silence

Club Treasurer: Hannah Organick

Club Treasurer Phone Number: 318 560 8223

Amount Requested: ~~Atkins~~ \$ 73.06

## Fill in one type of reimbursement

1. Student Payee  
*Please include original receipt and write the payee name and ID number directly on the receipt!*

Student Name: Dixie Ouellette I.D.#: 3813190 Box#: Box 1262

write the payee name and ID number directly on the receipt

2. Vendor Payee  
*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee  
*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party  
*Please include a copy of the signed contract and W-9 Form*  
**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: Dixie Ouellette  
Address Check Should Be Sent To: 101 N. Merion Ave  
Box 1262

# Request for SFC Reimbursement

Date: 5/4/13

Club/Organization: Rainbow Alliance

Event Description: craft supplies

Club Treasurer: Hannah Orgenick

Club Treasurer Phone Number: 318 560 8223

Amount Requested: \$ 139.20

## Fill in one type of reimbursement

### 1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*

Student Name: Hannah Orgenick ID.#: 3701060 Box#: C 1261

write the payee name and ID number directly on the receipt

### 2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

### 3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

### 4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: Hannah Orgenick

Address Check Should Be Sent To: Bryn Mawr College  
101 N. Merion Ave  
Box C-1261

# Request for SFC Reimbursement

Date: 5/4/13

Club/Organization: Rainbow Alliance

Event Description: Food for Sex Positivity Week Discussion & Party

Club Treasurer: Hannah Organick

Club Treasurer Phone Number: 318 560 8223

Amount Requested: \$ 59.77

## Fill in one type of reimbursement

### 1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*

Student Name: Rachel Feynman I.D.#: 381195 Box#: C-684

write the payee name and ID number directly on the receipt

### 2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

### 3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

### 4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: Rachel Feynman

Address Check Should Be Sent To: Bryn Mawr College  
101 N. Merion Ave  
Box C-684



Brecon 4<sup>th</sup> Quiet Hour Survey:

-Return by March 1, 2013 for a piece of candy and the chance to decide our next hall tea theme. (limited budget of \$25)

Name: 

1. Do you know we have quiet hours?

Yes

2. Without looking, what are they?

Weekdays: 11:30 pm - 8 am  
Weekends: 2:30 am - 10 am

3. Do you think they are being enforced?

Sometimes

4. Do you feel comfortable with confronting those not following them?

Yes

5. Do you tell your HA when others and herself are being too loud?

Sometimes

6. What idea do you have to enforce the hours better while maintaining a positive hall attitude?

Maybe going to Common rooms  
if you feel like continuing  
conversations outside your room.

# TRANSPORTATION DEPARTMENT

Steve Green - Coordinator • Merion Hall • Bryn Mawr College • 610-526-5206

To: Student Government Association  
C-1232.

Customer #: BSG6470

## Rental Charges - Bi-College Transportation Service

Event: Gym Owls

Invoice No: 3992

For: BMC Student Government

Date: 3/29/2013

### Hourly:

Trip #	Veh #	Date	Description	Hours	Cost	Amount
13550	17VA	3/6/2013	421 Feheley Dr. KoP		20.00	0.00
13551	17VA	3/7/2013	421 Feheley Dr. KoP		20.00	0.00
13552	18VA	3/20/2013	421 Feheley Dr. KoP		20.00	0.00
13553	17VA	3/21/2013	421 Feheley Dr. KoP		20.00	0.00
13554	18VA	3/27/2013	421 Feheley Dr. KoP		20.00	0.00

### Mileage:

Trip #	Veh #	Date	Mileage	Cost	Amount
13550	17VA	3/6/2013	14	1.00	14.00
13551	17VA	3/7/2013	14	1.00	14.00
13552	18VA	3/20/2013	15	1.00	15.00
13553	17VA	3/21/2013	15	1.00	15.00
13554	18VA	3/27/2013	13	1.00	13.00

Please enter the invoice #  
in the Journal Entry Description.

### Other:

Trip #	Amount
13550	Daily Charge @ \$20 20.00
13551	Daily Charge @ \$20 20.00
13552	Daily Charge @ \$20 20.00
13553	Daily Charge @ \$20 20.00
13554	Daily Charge @ \$20 20.00

**Please pay this amount -> \$171.00**

Please pay total shown within thirty (30) days from the date of this invoice. Send all payments to the Transportation Office. Make checks payable to: BRYN MAWR COLLEGE BITS.

Bryn Mawr College Departments should pay by fund transfer. Please use the Journal Entry Form and transfer to account # 1-40940-01845-99999. Please include the invoice number with the journal entry. The original should be sent to the Comptroller's Office and a copy sent to the Transportation Office.

**Request for SFC Reimbursement**Date: 3/31/13Club/Organization: Newman Catholic CommunityEvent Description: Holy Thursday dinnerClub Treasurer: Maria NamClub Treasurer Phone Number: 256-503-7471Amount Requested: \$ 152.64**Fill in one type of reimbursement**

## 1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*Student Name: Maura Dillon I.D.#: 3570613 Box#: 154

write the payee name and ID number directly on the receipt

## 2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

## 3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

## 4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form***IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_

\_\_\_\_\_

### Request for SFC Reimbursement

Date: 3/21/13

Club/Organization: Lavender's Blue

Event Description: uniform T-shirts

Club Treasurer: Raminta Holden

Club Treasurer Phone Number: 828-279-5304

Amount Requested: \$216.80

#### Fill in one type of reimbursement

1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*

Student Name: Raminta Holden ID.#: 3655728 Box#: C-281

write the payee name and ID number directly on the receipt

2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_  
\_\_\_\_\_

**Request for SFC Reimbursement**

Date: March 25, 2013

Club/Organization: BACASO

Event Description: Rehearsal -> Culture Show

Club Treasurer: Tsega MESHESTA

Club Treasurer Phone Number: (857) 233-7743

Amount Requested: \$ 49.52

**Fill in one type of reimbursement**

1. Student Payee

*Please include original receipts with this form*

Student Name: Dede Buckman I.D.#: 3687856 Box#: 101

2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_  
\_\_\_\_\_

**Request for SFC Reimbursement**Date: 3/31/13Club/Organization: Newman Catholic CommunityEvent Description: Holy Thursday dinner - drinks & utensilsClub Treasurer: Maria NamClub Treasurer Phone Number: 256-503-7471Amount Requested: \$ 19.34**Fill in one type of reimbursement**

## 1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*Student Name: Hyun Ju Nam I.D.#: 3488861 Box#: 629

write the payee name and ID number directly on the receipt

## 2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

## 3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

## 4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form***IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_

# Request for SFC Reimbursement

Date: 3/25/13

Club/Organization: Majors

Event Description: PERFORMANCE (AUGUSTUS & MAJOR)

Club Treasurer: SHANE BORTASPO & CHINA RAMSBERG

Club Treasurer Phone Number: 424-241-2204

Amount Requested: \$34.25

## Fill in one type of reimbursement

### 1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*

Student Name: ISHA PANDYA I.D.#: 3800407 Box#: C-1104

write the payee name and ID number directly on the receipt

### 2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

### 3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

### 4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_

# Request for SFC Reimbursement

Date: 4/1/13

Club/Organization: BMCS

Event Description: BMCS Concert

Club Treasurer: Julia Sakamoto / Vanessa Ide

Club Treasurer Phone Number: (916) 316 9889

Amount Requested: \$66.75

## Fill in one type of reimbursement

### 1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*

Student Name: Julia Sakamoto ID.#: 3531110 Box#: 1153

write the payee name and ID number directly on the receipt

### 2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

### 3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

### 4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_  
\_\_\_\_\_



**Request for SFC Reimbursement**

Date: 4/4/13

Club/Organization: Mayan

Event Description: Supplies for Showcase & Hair Accessories

Club Treasurer: Shobini B. & Upekha R.

Club Treasurer Phone Number: 314 919 5937

Amount Requested: 15.34

**Fill in one type of reimbursement**

1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*

Student Name: Lipika Jemaswamy I.D.#: 364562 Box#: 1307

write the payee name and ID number directly on the receipt

2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_  
\_\_\_\_\_

## Request for SFC Reimbursement

Date: 4/4/2013

Club/Organization: Mayuri

Event Description: A Costumes / Make-Up / Accessories

Club Treasurer: Shobini Bhallasali + Lipika Ramaswamy

Club Treasurer Phone Number: 31219195939

Amount Requested: \$ 17.36

### Fill in one type of reimbursement

#### 1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*

Student Name: Lipika Ramaswamy I.D.#: 3645622 Box#: 1309

write the payee name and ID number directly on the receipt

#### 2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

#### 3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

#### 4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_

\_\_\_\_\_

## Request for SFC Reimbursement

Date: 4/4/2013

Club/Organization: MAYURI

Event Description: PROGRAM PRINTING FOR SHOWCASE

Club Treasurer: Shobini Bhattachari + Lipika Ramaswamy

Club Treasurer Phone Number: 314 9195939

Amount Requested: \$ 66.15

### Fill in one type of reimbursement

#### 1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*

Student Name: Lipika Ramaswamy I.D.#: 3645622 Box#: 1307.

write the payee name and ID number directly on the receipt

#### 2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

#### 3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

#### 4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_

\_\_\_\_\_

Redo

**Request for SFC Reimbursement**

Date: March 31, 2013

Club/Organization: Rince na Maur

Event Description: Purchase of a banner and stickers for future advertising use

Club Treasurer: Mary Biggs

Club Treasurer Phone Number: (865) 851-5745

Amount Requested: \$50.00

**Fill in one type of reimbursement**

1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*

Student Name: Mary Biggs I.D.#: 36668587 Box#: 249

write the payee name and ID number directly on the receipt

2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_  
\_\_\_\_\_

**Request for SFC Reimbursement**

Date: \_\_\_\_\_

Club/Organization: Pi-Co Consulting Club

Event Description: Consulting Alum Q&A

Club Treasurer: Manman Lu

Club Treasurer Phone Number: 610-772-1984

Amount Requested: 93.85

**Fill in one type of reimbursement**

1. Student Payee

*Please include original receipts with this form*

Student Name: Shuning Yan I.D.#: 3572819 Box#: C-1481

2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_  
\_\_\_\_\_

**Request for SFC Reimbursement**Date: April 4, 2013Club/Organization: Rince na MawrEvent Description: Celtic Festival food/decoration purchaseClub Treasurer: Mary BiggsClub Treasurer Phone Number: 865-851-5745Amount Requested: \$32.86**Fill in one type of reimbursement**

## 1. Student Payee

*Please include original receipts with this form*Student Name: Mary Biggs ID.#: 31668587 Box#: 249

## 2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

## 3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

## 4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form***IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_

**Request for SFC Reimbursement**

Date: 3/31/13

Club/Organization: BMC Greens

Event Description: E-Forum

Club Treasurer: Sofia Oleas

Club Treasurer Phone Number: 609 937 4812

Amount Requested: \$16.45

**Fill in one type of reimbursement**

1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*

Student Name: Michaela Olson I.D.#: 3666914 Box#: 1258

write the payee name and ID number directly on the receipt

2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_  
\_\_\_\_\_

## Request for SFC Reimbursement

Date: 4/4/2013

Club/Organization: Mayuri

Event Description: Supplies for decorations for showcase

Club Treasurer: Lipika Ramaswamy + Shobini Bhattachari

Club Treasurer Phone Number: 5149195939

Amount Requested: \$ 13.81

### Fill in one type of reimbursement

#### 1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*

Student Name: Lipika Ramaswamy I.D.#: 3645622 Box#: 1309

write the payee name and ID number directly on the receipt

#### 2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

#### 3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

#### 4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_


\_\_\_\_\_



### Bryn Mawr/ Bi-College Check Request Form

*Bryn Mawr College Self-Government Association, Est. 1892  
Student Finance Committee  
101 North Merion Avenue  
Bryn Mawr, PA 19010-2899*

#### ADVANCE AUTHORIZATION

Organization Name:	<i>Talah Bi-co bellydancing</i>		Date Submitted:	<i>4/6/13</i>	
Club Treasurer Name:	<i>Hilary Pierce</i>				
Event:	<i>costuming for showcase</i>				
Payee:	<i>Hilary Pierce</i>				
Treasurer's Signature:		Box #:	<i>1101</i>	Phone#:	<i>757-345-9724</i>

\*If you are reallocating money to this event, please also complete and attach a reallocation form. For travel and conference expenditures, provide the dates, times, destinations, names and student ID numbers of the participants here:

Amount Requested: \$ *150*

Please Complete Reverse Side (do not write below this line)  
For Student Finance Committee Verification

SFC Representative Approval: \_\_\_\_\_

Date Approved: \_\_\_\_\_

agreement\_0...

**Bryn Mawr/ Bi-College Check Request Form**

*Bryn Mawr College Self-Government Association, Est. 1892  
 Student Finance Committee  
 101 North Merion Avenue  
 Bryn Mawr, PA 19010-2899*

**ADVANCE AUTHORIZATION**

Organization Name: <u>ASA</u>	Date Submitted:	
Club Treasurer Name: <u>Subin Park</u>		
Event: <u>ASA Families</u>		
Payee: <u>Esther Chiang</u>		
Treasurer's Signature: <u>[Signature]</u>	Box #: <u>711</u>	Phone#: <u>484 222 196</u>

\*If you are reallocating money to this event, please also complete and attach a reallocation form. For travel and conference expenditures, provide the dates, times, destinations, names and student ID numbers of the participants here:

Amount Requested: \$ 250

Please Complete Reverse Side (do not write below this line)

For Student Finance Committee Verification

SFC Representative Approval: \_\_\_\_\_

Date Approved: \_\_\_\_\_

### Bryn Mawr/ BI-College Check Request Form

*Bryn Mawr College Self-Government Association, Est. 1892*  
*Student Finance Committee*  
*101 North Merion Avenue*  
*Bryn Mawr, PA 19010-2899*

#### ADVANCE AUTHORIZATION

Organization Name: <u>ASA</u>	Date Submitted:	
Club Treasurer Name: <u>Subin Park</u>		
Event: <u>De-stresser event</u>		
Payee: <del>Elizabeth Lee</del> <u>Elizabeth Lee</u>		
Treasurer's Signature: <u>Subin Park</u>	Box #: <u>711</u>	Phone#: <del>222</del> <u>222 1196</u>

\*If you are reallocating money to this event, please also complete and attach a reallocation form. For travel and conference expenditures, provide the dates, times, destinations, names and student ID numbers of the participants here:

Amount Requested: \$ 75

Please Complete Reverse Side (do not write below this line)  
For Student Finance Committee Verification

SFC Representative Approval: \_\_\_\_\_

Date Approved: \_\_\_\_\_

### Advance Agreement

Name: <u>Elizabeth Lee</u>		ID #: <u>3491396</u>
School (circle one): <u>BMC</u> HC		Graduation Date: <u>May 2014</u>
Box #: <u>C-396</u>	Phone #: <u>302 545 2775</u>	Cell phone #: <u>→</u>
Permanent Address: <u>14 Ryder Court, Wilmington, DE 19808</u>		

#### Agreement

I understand and agree to the following terms of this check or travel advance:

1. I am solely responsible for the receipt, distribution and reconciliation of this advance.
2. These funds are to be used only for the purpose described on the front of this form and in accordance with Bryn Mawr College policies.
3. All expenditures must be documented with a legitimate receipt, showing payment for the purchase of supplies of food with the letterhead of the establishment. Under no circumstances may cash be used to pay individual for performances, services rendered, or any other service that should be paid by contract and College check.

Documentation for expenditures must obey the following guidelines:

- Performers, speakers, DJs or other services: submit a signed College Contract. **Students are not permitted to enter into any formal binding agreement with outside parties and cannot sign contracts.** You must contact the Student Activities Office to discuss creating and processing a contract.
  - Purchases of rentals: submit an invoice
  - Travel: Include all receipts for transportation, lodging, conferences fees, etc.
4. All monies and receipts concerning this advance are to be reconciled and submitted to the Student Finance Committee within fifteen (15) business days of the date the cash advance was received.
  5. Failure to reconcile this advance with the time permitted (15 business days) will result, at the discretion of the Student Finance Committee) in:
    - A freeze on my student club's account
    - Notification to the Dean's Office
    - A charge equivalent to the advance amount on my student account
    - A hold on my registration and/or graduation

Signature: Elizabeth Lee Date: 3/2/13

**SFC Reallocation Form**Club Name: ASAReallocation from: Haverford ISA Lunar + CCSA New Year CelebrationReallocating to: De-stresser eventAmount to be reallocated: 50Reason for reallocation: We used AMO fund for the eventTreasurer's Signature: [Signature]Date: 3/30/2013

SFC Approval: \_\_\_\_\_

**SFC Reallocation Form**

Club Name: ASA

Reallocation from: Posters for events

Reallocating to: De-stresser event

Amount to be reallocated: \$25

Reason for reallocation: Posters for events were calculated in the events and committee came up with a new event idea.

Treasurer's Signature: Ali Riz

Date: 3/30/2013

SFC Approval: \_\_\_\_\_

**Bryn Mawr/ BI-College Check Request Form**

*Bryn Mawr College Self-Government Association, Est. 1892  
Student Finance Committee  
101 North Merion Avenue  
Bryn Mawr, PA 19010-2899*

**ADVANCE AUTHORIZATION**

Organization Name: <u>ASA</u>		Date Submitted: _____	
Club Treasurer Name: <u>Subin Park</u>			
Event: <u>Senior Banquet</u>			
Payee: <u>Elizabeth Lee</u>			
Treasurer's Signature: <u>[Signature]</u>		Box #: <u>711</u>	Phone#: <u>784 222 1196</u>

\*If you are reallocating money to this event, please also complete and attach a reallocation form. For travel and conference expenditures, provide the dates, times, destinations, names and student ID numbers of the participants here:

Amount Requested: \$ 250

Please Complete Reverse Side (do not write below this line)  
For Student Finance Committee Verification

SFC Representative Approval: \_\_\_\_\_

Date Approved: \_\_\_\_\_

## Advance Agreement

Name: <u>Elizabeth Lee</u>		ID #: <u>3491396</u>
School (circle one): <u>BMC</u> HC		Graduation Date: <u>May 2014</u>
Box #: <u>C-396</u>	Phone #: <u>302 545 2975</u> →	Cell phone #:
Permanent Address: <u>14 Ryder Court, Wilmington, DE 19808</u>		

### Agreement

I understand and agree to the following terms of this check or travel advance:

1. I am solely responsible for the receipt, distribution and reconciliation of this advance.
2. These funds are to be used only for the purpose described on the front of this form and in accordance with Bryn Mawr College policies.
3. All expenditures must be documented with a legitimate receipt, showing payment for the purchase of supplies of food with the letterhead of the establishment. Under no circumstances may cash be used to pay individual for performances, services rendered, or any other service that should be paid by contract and College check.

Documentation for expenditures must obey the following guidelines:

- Performers, speakers, DJs or other services: submit a signed College Contract. **Students are not permitted to enter into any formal binding agreement with outside parties and cannot sign contracts.** You must contact the Student Activities Office to discuss creating and processing a contract.
  - Purchases of rentals: submit an invoice
  - Travel: Include all receipts for transportation, lodging, conferences fees, etc.
4. All monies and receipts concerning this advance are to be reconciled and submitted to the Student Finance Committee within fifteen (15) business days of the date the cash advance was received.
  5. Failure to reconcile this advance with the time permitted (15 business days) will result, at the discretion of the Student Finance Committee) in:
    - A freeze on my student club's account
    - Notification to the Dean's Office
    - A charge equivalent to the advance amount on my student account
    - A hold on my registration and/or graduation

Signature: \_\_\_\_\_

Elizabeth Lee

Date: \_\_\_\_\_

3/2/13



### SFC Reallocation Form

Club Name: ASA

Reallocation from: ~~800~~ Speakers

Reallocating to: Senior Banquet

Amount to be reallocated: \$100

Reason for reallocation: We thought having speakers for Asian Pacific American Month in October would be a good idea.

Treasurer's Signature: [Signature]

Date: 3/30/2013

SFC Approval: \_\_\_\_\_

**Bryn Mawr/ Bi-College Check Request Form**

*Bryn Mawr College Self-Government Association, Est. 1892  
Student Finance Committee  
101 North Merion Avenue  
Bryn Mawr, PA 19010-2899*

**ADVANCE AUTHORIZATION**

Organization Name:	<i>Muslim Students Association</i>	Date Submitted:	<i>4/2/2013</i>
Club Treasurer Name:	<i>Maryam Elarbi</i>		
Event:	<i>Hijab 2-thon</i>		
Payee:	<i>Fatimah Jafiq</i>		
Treasurer's Signature:	<i>Maryam Elarbi</i>	Box #:	<i>952</i>
		Phone#:	<i>862-438-6460</i>

\*If you are reallocating money to this event, please also complete and attach a reallocation form. For travel and conference expenditures, provide the dates, times, destinations, names and student ID numbers of the participants here:

*The amount of \$70 needs to be paid by April 10<sup>th</sup>, 2013. I have a direct deposit account set up with Bryn Mawr. If there are any complications, please call me at the number provided or email me at [fjafiq@bmc](mailto:fjafiq@bmc).*

Amount Requested: \$ 70

---

Please Complete Reverse Side (do not write below this line)  
For Student Finance Committee Verification

SFC Representative Approval: \_\_\_\_\_

Date Approved: \_\_\_\_\_

## Advance Agreement

Name: <u>Faithmah DSG</u>		ID #: <u>3784865</u>
School (circle one): <u>BMC</u> HC		Graduation Date: <u>2015</u>
Box #: <u>952</u>	Phone #: <u>→</u>	Cell phone #: <u>862-438-6460</u>
Permanent Address: <u>304 N. Arlington Ave, P.O., NJ 07017</u>		

### Agreement

I understand and agree to the following terms of this check or travel advance:

1. I am solely responsible for the receipt, distribution and reconciliation of this advance.
2. These funds are to be used only for the purpose described on the front of this form and in accordance with Bryn Mawr College policies.
3. All expenditures must be documented with a legitimate receipt, showing payment for the purchase of supplies of food with the letterhead of the establishment. Under no circumstances may cash be used to pay individual for performances, services rendered, or any other service that should be paid by contract and College check.

Documentation for expenditures must obey the following guidelines:

- Performers, speakers, DJs or other services: submit a signed College Contract.  
**Students are not permitted to enter into any formal binding agreement with outside parties and cannot sign contracts.** You must contact the Student Activities Office to discuss creating and processing a contract.
  - Purchases of rentals: submit an invoice
  - Travel: Include all receipts for transportation, lodging, conferences fees, etc.
4. All monies and receipts concerning this advance are to be reconciled and submitted to the Student Finance Committee within fifteen (15) business days of the date the cash advance was received.
  5. Failure to reconcile this advance with the time permitted (15 business days) will result, at the discretion of the Student Finance Committee) in:
    - A freeze on my student club's account
    - Notification to the Dean's Office
    - A charge equivalent to the advance amount on my student account
    - A hold on my registration and/or graduation

Signature: \_\_\_\_\_



Date: \_\_\_\_\_

4/2/13

**SFC Reallocation Form**

Club Name: BMC Democrats

Reallocation from: OFF4.0

Reallocating to: "How to Contact Your Rep." Workshop

Amount to be reallocated: \$4.45

Reason for reallocation: We were given a grant from the CEO, but forgot to split the bills so we are just submitting everything here

Treasurer's Signature: [Signature]

Date: 3/30/13

SFC Approval: \_\_\_\_\_

**SFC Reallocation Form**

Club Name: Yalah Bi-co Bellydancing

Reallocation from: Catering fund

Reallocating to: Costuming fund

Amount to be reallocated: \$150

Reason for reallocation: Decided not to go through BMC  
Catering services for showcase, would rather have more  
costumes ☺

Treasurer's Signature: [Signature]

Date: 4/6/13

SFC Approval: \_\_\_\_\_

**SFC Reallocation Form**

Club Name: B Mc Greens

Reallocation from: Bike

Reallocating to: E-Forum

Amount to be reallocated: \$6.45

Reason for reallocation: insufficient funds

Treasurer's Signature: 

Date: 3/31/18

SFC Approval: \_\_\_\_\_

**SFC Reallocation Form**Club Name: Pulso LatinoReallocation from: Dance workshops for communityReallocating to: Flowers for SeniorsAmount to be reallocated: \$45.00Reason for reallocation: The instructor coming for our workshop will be teaching for freeTreasurer's Signature: Shana GopalDate: March 30, 2013

SFC Approval: \_\_\_\_\_

**Request for SFC Reimbursement**Date: March 30, 2013Club/Organization: Pulso LatinoEvent Description: Flowers for SeniorsClub Treasurer: Sheena GopalClub Treasurer Phone Number: (856)220-3955Amount Requested: \$44.46**Fill in one type of reimbursement**

## 1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*Student Name: Reina Qu I.D.#: 3708779 Box#: C-1297

write the payee name and ID number directly on the receipt

## 2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

## 3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

## 4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form***IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_



## President's Binder

- How to run a meeting
- weekly tasks
  - E board meeting
  - e-mail meeting reminders
  - if support group → rotate rooms through thoses w/ singles

### - conference

- contacts
- ideas
- food
- transportation
- scheduling
- contract making
- posters printing
- ~~the~~ funding
  - departments
  - affinity groups

- + things to consider
  - performer
  - relevance
  - cost

### ↳ what to do with the binder

- letter of support
- update contacts
- put in ideas for discussion

## Treasurer Binder

- How to write a budget

- Don't pad

- due dates

- keep own version of budgets

- google docs

- receipts must be turned in a month

- on receipts

**Request for SFC Reimbursement**Date: 3/24/2013Club/Organization: Counterpoint A CappellaEvent Description: RecordingClub Treasurer: Katherine CunninghamClub Treasurer Phone Number: 713-254-4774Amount Requested: \$1,200.00**Fill in one type of reimbursement**

## 1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*

Student Name: \_\_\_\_\_ I.D.#: \_\_\_\_\_ Box#: \_\_\_\_\_

write the payee name and ID number directly on the receipt

## 2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

## 3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

## 4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form***IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**Payee Name: Alfred GoodrichAddress Check Should Be Sent To: 28 Simpson Rd.  
Ardmore, PA 19003

**BRYN MAWR COLLEGE**  
**REQUEST FOR PAYMENT (Pink Form)**  
**CONTROLLER'S OFFICE**

<i>Accounts Payable Use Only</i>	
ADDRESS #	TICKLER FILE
1099 VENDOR	Unclick withhold box

**SECTION I: Payee, Account, and Amount**

(Please print or type)

NAME OF PAYEE (First, Middle, Last): Alfred Goodrich

Address: \_\_\_\_\_ BMC ID # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ U.S. Soc. Sec. # \_\_\_\_\_

16 DIGIT ACCOUNT NUMBER				AMOUNT
Fund	Expense (XXXXX)	Dept (XXXXX)	Project (XXXXX)	
				\$
				\$
				\$
<b>TOTAL AMOUNT:</b>				\$

**SECTION II: Business Expenditure Description**

**A. PAYMENT (non-travel & non-service)** Description: \_\_\_\_\_  
*Attach supporting documentation / receipts*

Employee Advance     Employee Expense Reimbursement     Student Expense Reimbursement/other

**B. PAYMENT FOR SERVICES** (Individual may not be on the College payroll)

Honorarium (Account Code 51814)

Description: \_\_\_\_\_

Date(s): \_\_\_\_\_

Citizenship:  U.S. Citizen or Resident Alien (W-9)     Nonresident Alien (W-8) – Must be processed by Payroll Dept.

Form W9:  Signed W-9 is attached     Signed W-9 is on file in Controller's Office

**SECTION III: Distribution**

Pick up check     Campus mail \_\_\_\_\_ (provide box # or dept)     U.S. Mail to address provided above

U.S. Mail to: \_\_\_\_\_

Other Instructions: \_\_\_\_\_

**SECTION IV: Certification and Authorization**

I certify that: 1) The expenditures are related to College business.  
 2) No portion of the claimed expenses has been or will be reimbursed/paid from other sources.  
 3) Original itemized paid receipts are attached for reimbursement. Reimbursement payment in which there is a lack of original receipts has been approved for the following reason(s): \_\_\_\_\_

Authorizing Department: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Phone Extension: \_\_\_\_\_

Please follow the instructions on the reverse side

## **REQUEST FOR PAYMENT INSTRUCTIONS**

### **SECTION I**

1. **PAYEE:** Provide the full name of the individual to whom the payment is payable. Only one payee per form can be processed. Do not use nicknames. Provide the Bryn Mawr College Identification Number of the individual, if available.
2. **ADDRESS:** Provide the full permanent address of the individual to whom the payment is payable. If the individual is an employee or student of Bryn Mawr College and the payment will be sent campus mail, then the permanent address does not need to be provided on this form. Addresses must be provided for all other payees.
3. **ID # / SOCIAL SECURITY #:** Provide the BMC ID Number or provide the individual's U.S. Social Security Number /Tax Id number.
4. **ACCOUNT NUMBER:** Enter the account number(s) to be charged.
5. **AMOUNT / TOTAL AMOUNT:** Enter the amount to be charged to each account on the line next to the account number boxes. Add the amounts to be charged to each account and enter the sum on the **TOTAL AMOUNT** line. One payment will be processed for the **TOTAL AMOUNT**.

### **SECTION II** *Please do not combine requests for payment (category B) with other types of requests.*

- A. Check this box** for a reimbursement of out-of-pocket expenditures not related to travel, or to obtain an advance for expenditures, or for an SGA Student expense reimbursement. Give a brief description of the expenditure (e.g., office supplies, telephone calls). Attach supporting documentation for the expenditure (original itemized paid receipts). An accounting for advances must be submitted to the Controller's Office within two weeks of the disbursement day. Use this form to be reimbursed for expenditures in excess of the advance. Send cash in excess of expenditures directly to the Cashier with a cash receipt form crediting the appropriate account(s), with a copy of the receipt to Accounts Payable.
- B. Check this box** to pay an individual who is not on the College payroll for honoraria or lecture fees. Attach the contract signed by the guest speaker/lecturer or performer. Contact the Treasurer's Office for the contract form.

### **SECTION III**

Indicate if the payment is to be picked up, sent through Campus Mail, or U.S. Mail. Any payment of \$1.00 or less will be made as petty cash.

Provide the name of the requesting department, today's date, and a campus telephone extension. Signature(s) of the individual(s) authorized to approve disbursements from the department(s) being charged must be provided. (These signatures should be on file in the Comptroller's Office.)

Send the original of this form, all original receipts and copies of other supporting documentation to the *Controller's Office, Accounts Payable*. Retain a copy of this form and any attachments. Forms that are not complete or are lacking adequate supporting documentation / receipts may cause a delay in processing the payment.

Dining Services  
 Bryn Mawr College  
 101 N. Merion Avenue  
 Bryn Mawr PA 19010-2899  
 610-526-7400 / 610-526-7401

### Catering Event Order

<b>Group</b>	<b>Reservation:</b> 126085
Iramaswamy Mayuri	Event Name: Culture Show Status: Confirmed Catering Pickup Event Type: Back Door Catering 2nd Contact: Anit Kilambi Phone: 610 220 6922
<b>Bookings / Details</b>	<b>Quantity      Price      Amount</b>

**Saturday, March 30, 2013**

**6:30 PM - 7:00 PM Culture Show (Confirmed Catering Pickup) Wyndham Front Desk**

DS Catering:

6:30 PM Back Door Pick Up

COOKIES, FRESH BAKED HOPE's <i>Per dozen.</i>	5	6.50	32.50
LEMON BARS, per dozen	3	10.00	30.00
MAGIC COOKIE BARS, per dozen	2	12.00	24.00
VEGETABLES DISPLAY, SEASONAL <i>with Dipping Sauce. An abundant display of fresh seasonal vegetables arranged and served with our herb &amp; garlic or roasted red pepper dipping sauce. Serves 12.</i>	2	27.00	54.00
FRUIT AND CHEESE TRAY FOR 12	5	35.00	175.00
WATER, BOTTLED <i>16.9 ounce bottle</i>	5	10.00	50.00

*Please provide full cases*

Subtotal	365.50
Grand Total	365.50

Catering Unit: Wyndham

Please return a signed copy of this menu to the Dining Services office five business days before the date of the event to confirm your request.

The "guaranteed" number of guests, and your selections (if applicable) are needed by 12 noon, three business days prior to the date of the event.

Your cooperation will help us in ensuring the availability of your selections as well as help us in meeting our goal of providing you with the best possible service.

Dining Services will arrange for tables for food service as well as providing tablecovers and skirting for these tables. Prices quoted include paper supplies and plastic serviceware for all items provided by Dining Services.

## Request for SFC Reimbursement

Date: March 22, 2013

Club/Organization: Mayuri

Event Description: Food for Showcase

Club Treasurer: Shobini Bhattasali + Lipika Ganam

Club Treasurer Phone Number: 3149195939

Amount Requested: \$ 365.50

### Fill in one type of reimbursement

#### 1. Student Payee

*Please include original receipt and write the payee name and ID number directly on the receipt!*

Student Name: \_\_\_\_\_ I.D.#: \_\_\_\_\_ Box#: \_\_\_\_\_

write the payee name and ID number directly on the receipt

#### 2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

#### 3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: Dining Services Department Budget Number: 1-40932-01825-99999

#### 4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_

\_\_\_\_\_

**Bryn Mawr/ Bi-College Check Request Form**

*Bryn Mawr College Self-Government Association, Est. 1892*  
*Student Finance Committee*  
*101 North Merion Avenue*  
*Bryn Mawr, PA 19010-2899*

**ADVANCE AUTHORIZATION**

Organization Name: <u>Mujeres</u>	Date Submitted: <u>3-25-13</u>
Club Treasurer Name: <u>Alexis DeLaRosa</u>	
Event: <u>Senior Gifts, senior sales, and Game Night w/ chipotle</u>	
Payee: <u>Alexis De La Rosa</u>	
Treasurer's Signature: <u>Alexis DeLaRosa</u>	Box #: <u>C-551</u> Phone#: <u>(909) 367-6007</u>

\*If you are reallocating money to this event, please also complete and attach a reallocation form. For travel and conference expenditures, provide the dates, times, destinations, names and student ID numbers of the participants here:

Amount Requested: \$ 500.00

( \$180 from Senior Gifts, \$180 from Senior Sales, \$140 from Game Night )

Please Complete Reverse Side (do not write below this line)  
For Student Finance Committee Verification

SFC Representative Approval: \_\_\_\_\_

Date Approved: \_\_\_\_\_



## Advance Agreement

Name: <u>Alexis DeLaRosa</u>	ID #: <u>3721101</u>	
School (circle one): <u>BMC</u> HC	Graduation Date: <u>2015</u>	
Box #: <u>C-551</u>	Phone #: <u>/</u>	Cell phone #: <u>(909)367-6007</u>
Permanent Address: <u>101 N. MERION AVE. BRYN MAWR, PA 19010</u>		

### Agreement

I understand and agree to the following terms of this check or travel advance:

1. I am solely responsible for the receipt, distribution and reconciliation of this advance.
2. These funds are to be used only for the purpose described on the front of this form and in accordance with Bryn Mawr College policies.
3. All expenditures must be documented with a legitimate receipt, showing payment for the purchase of supplies of food with the letterhead of the establishment. Under no circumstances may cash be used to pay individual for performances, services rendered, or any other service that should be paid by contract and College check.

Documentation for expenditures must obey the following guidelines:

- Performers, speakers, DJs or other services: submit a signed College Contract.  
**Students are not permitted to enter into any formal binding agreement with outside parties and cannot sign contracts.** You must contact the Student Activities Office to discuss creating and processing a contract.
  - Purchases of rentals: submit an invoice
  - Travel: Include all receipts for transportation, lodging, conferences fees, etc.
4. All monies and receipts concerning this advance are to be reconciled and submitted to the Student Finance Committee within fifteen (15) business days of the date the cash advance was received.
  5. Failure to reconcile this advance with the time permitted (15 business days) will result, at the discretion of the Student Finance Committee) in:
    - A freeze on my student club's account
    - Notification to the Dean's Office
    - A charge equivalent to the advance amount on my student account
    - A hold on my registration and/or graduation

Signature: \_\_\_\_\_

Alexis DeLaRosa

Date: \_\_\_\_\_

3-25-13

**SFC Reallocation Form**

Club Name: Mujeres

Reallocation from: Transportation funds

Reallocating to: Affinity Group Social

Amount to be reallocated: \$200.00

Reason for reallocation: We haven't put a dent  
in Transportation funds & would like an affinity group social.

Treasurer's Signature: Aly's DeJarosa

Date: 3-25-13

SFC Approval: \_\_\_\_\_

**SFC Reallocation Form**

Club Name: Mujeres

Reallocation from: Transportation funds

Reallocating to: General Body Meeting Snacks

Amount to be reallocated: \$35.00

Reason for reallocation: we don't need as much for travel as we do things for meetings. (we haven't spent transportation funds)

Treasurer's Signature: Alexis DeFaron

Date: 3-25-13

SFC Approval: \_\_\_\_\_

**SFC Reallocation Form**

Club Name: Mujeres

Reallocation from: Pinata Event and La Gala (decorations, publicity etc)

Reallocating to: Spoken Word / open mic event

Amount to be reallocated: \$80

Reason for reallocation: we had remaining unforeseen expenses for our spoken word event.

Treasurer's Signature: Alejo Deza Roa

Date: 3-25-13

SFC Approval: \_\_\_\_\_

**Bryn Mawr/ Bi-College Check Request Form**

*Bryn Mawr College Self-Government Association, Est. 1892  
Student Finance Committee  
101 North Merion Avenue  
Bryn Mawr, PA 19010-2899*

**ADVANCE AUTHORIZATION**

Organization Name:	Mujeres	Date Submitted:	3/24/13
Club Treasurer Name:	Alexis DeLaRosa		
Event:	Mujeres Tri-Col Latin Party, and Affinity Group Social		
Payee:	LUCY CARRENO-ROCA		
Treasurer's Signature:	Alexis DeLaRosa	Box #:	C-551
		Phone#:	(909)367-6007

\*If you are reallocating money to this event, please also complete and attach a reallocation form. For travel and conference expenditures, provide the dates, times, destinations, names and student ID numbers of the participants here:

Amount Requested: \$ 500 [\$200 from affinity group social + \$300 from Latin Party]

---

Please Complete Reverse Side (do not write below this line)  
For Student Finance Committee Verification

SFC Representative Approval: \_\_\_\_\_

Date Approved: \_\_\_\_\_

## Advance Agreement

Name: Lucy Carreno-Roca	ID #: 3896833	
School (circle one): <u>BMC</u> HC	Graduation Date: 2016	
Box #: C-353	Phone #: X	Cell phone #: (682) 459-7852
Permanent Address: 101 N. Merion Ave, Bryn Mawr PA 19010		

### Agreement

I understand and agree to the following terms of this check or travel advance:

1. I am solely responsible for the receipt, distribution and reconciliation of this advance.
2. These funds are to be used only for the purpose described on the front of this form and in accordance with Bryn Mawr College policies.
3. All expenditures must be documented with a legitimate receipt, showing payment for the purchase of supplies of food with the letterhead of the establishment. Under no circumstances may cash be used to pay individual for performances, services rendered, or any other service that should be paid by contract and College check.

Documentation for expenditures must obey the following guidelines:

- Performers, speakers, DJs or other services: submit a signed College Contract. **Students are not permitted to enter into any formal binding agreement with outside parties and cannot sign contracts.** You must contact the Student Activities Office to discuss creating and processing a contract.
  - Purchases of rentals: submit an invoice
  - Travel: Include all receipts for transportation, lodging, conferences fees, etc.
4. All monies and receipts concerning this advance are to be reconciled and submitted to the Student Finance Committee within fifteen (15) business days of the date the cash advance was received.
  5. Failure to reconcile this advance with the time permitted (15 business days) will result, at the discretion of the Student Finance Committee) in:
    - A freeze on my student club's account
    - Notification to the Dean's Office
    - A charge equivalent to the advance amount on my student account
    - A hold on my registration and/or graduation

Signature: Lucy Carreno-Roca

Date: 3-24-13

**Request for SFC Reimbursement**

Date: 3-25-13

Club/Organization: Mujeres

Event Description: General Body Meeting Snacks

Club Treasurer: Alexis Delarosa

Club Treasurer Phone Number: (909) 367-6007

Amount Requested: \$ 8.00

**Fill in one type of reimbursement**

1. Student Payee

*Please include original receipts with this form*

Student Name: Emily Garcia I.D.#: 3643787 Box#: C-211

2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_  
\_\_\_\_\_

**Request for SFC Reimbursement**

Date: 3-25-13

Club/Organization: Mujeres

Event Description: RE-MIX: Spoken Word Workshop/Open Mic

Club Treasurer: Alexis Delarosa

Club Treasurer Phone Number: (909) 367-6007

Amount Requested: \$24.08

**Fill in one type of reimbursement:**

1. Student Payee

*Please include original receipts with this form*

Student Name: Emily Garcia ID.#: 3643787 Box#: C-211

2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL payments must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_  
\_\_\_\_\_



Request for SFC Reimbursement

Date: 3-25-13

Club/Organization: Mujeres

Event Description: RE-MIX: Spoken Word Workshop/Open Mic

Club Treasurer: Alexis Delarosa

Club Treasurer Phone Number: (909) 367-6007

Amount Requested: \$ 28.40

Fill in one type of reimbursement

1. Student Payee

*Please include original receipts with this form*

Student Name: Alexis Delarosa ID.#: 3721101 Box#: C-551

2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_  
\_\_\_\_\_

**Request for SFC Reimbursement**

Date: 3-25-13

Club/Organization: Mujeres

Event Description: General Body Meeting Snacks

Club Treasurer: Alexis De La Rosa

Club Treasurer Phone Number: (909) 367-6007

Amount Requested: \$36.50

**Fill in one type of reimbursement**

1. Student Payee

*Please include original receipts with this form*

Student Name: Jancy Munquia I.D.#: 3687790 Box#: C-601

2. Vendor Payee

*Please include vendor invoices with this form*

Vendor Name: \_\_\_\_\_

3. Bryn Mawr College Departmental Payee

*Please include a receipt/invoice*

Department Name: \_\_\_\_\_ Department Budget Number: \_\_\_\_\_

4. Third/Outside Party

*Please include a copy of the signed contract and W-9 Form*

**IMPORTANT: ALL contracts must be processed by the Student Activities Office. Under no circumstance are third/outside parties to be paid in cash or by personal check. Doing so is a violation of College policy.**

Payee Name: \_\_\_\_\_

Address Check Should Be Sent To: \_\_\_\_\_  
\_\_\_\_\_

## CHEM 252 Spring 2013

## How curve fitting works

$$S_{xx} = \sum (x_i - \bar{x})^2$$

$$S_{yy} = \sum (y_i - \bar{y})^2$$

$$S_{xy} = \sum (x_i - \bar{x})(y_i - \bar{y})$$

If you determine these sums for a set of data, you can then find the slope, intercept **and** the standard deviation of the slope – this is especially useful because most of the time we don't have a way of taking a curve fit and making a quantitative judgment about how "good" it is – you often talk about the  $R^2$  value but that cannot tell you directly about the error in the quantity derived from your graph

So consider the data below from a Beer's law calibration curve

<u>Concentration</u>	<u>Absorbance</u>
1.2 mM	1.206
1.0 mM	1.134
0.8 mM	0.835
0.6 mM	0.585
0.4 mM	0.390
0.2 mM	0.211
0.1 mM	0.109

$$\text{Slope} = m = S_{xy} / S_{xx}$$

$$\text{Intercept} = b = \bar{y} - m\bar{x}$$

$$\text{Standard deviation of regression} = s_r = \sqrt{\frac{S_{yy} - m^2 S_{xx}}{N - 2}}$$

$$\text{Standard deviation of slope} = s_m = \sqrt{\frac{s_r^2}{S_{xx}}}$$

So what is the molar extinction coefficient of this compound and to what degree of certainty can you report this value? **DO NOT USE YOUR GRAPHING CALCULATORS TO DO THIS!!!**

After you have finished this, use Excel to graph the data and do a linear fit and compare to your results.

What about when the data you have is described by a more complicated (i.e. not linear) relationship?

- a) you have to decide what sort of equation describes your data (polynomial, exponential etc)
- b) You have to vary the coefficients in your equation to see how the curve given by the equation fits your data (the algorithms for doing this are complex)
- c) You have to assess how well the curve fits the data - you can do this by looking at the sum of the squares of the residuals:

$$r_i = y_i - f(x_i)$$

basically the residual  $r_i$  is the difference between the y value of a data point and the y value from the equation that you are using to fit the data at a particular value of x. So you need to find the equation (i.e. the particular coefficients) that minimizes the sum of the squares of the residual values.

Consider a situation where you have a solution containing some sort of molecule that can also adsorb to a surface. If you pour some of this solution onto a surface, some of the molecules will attach themselves and the number that attach will be a function of the concentration of molecules in solution as well as the strength of the interaction between the molecules in solution.

This can be described by a simple model called the Langmuir Isotherm as shown below:

$$\Gamma_i = \frac{\Gamma_s \beta C}{1 + \beta C} \text{ where } \Gamma_i \text{ is the coverage of molecules on the surface (a}$$

value determined directly from experiment),  $\Gamma_s$  is the "saturation" or maximum coverage of molecules on the surface (this is determined from the curve fit),  $\beta$  is the equilibrium constant for the adsorption process (also determined from the curve fit) and  $C$  is the concentration of the molecules in the solution (known from the experimental data).

Given the data below, construct a model in Excel that allows you (by hand - so your judgement has to be the curvefitting algorithm) to vary the coefficients  $\Gamma$ , and  $\beta$  until you find the best fit, as judged by the value of the sum of the squares of the residuals described above.

<u>Concentration (<math>\mu\text{M}</math>)</u>	<u><math>\Gamma</math>, (<math>\text{mol}/\text{cm}^2</math>)</u>
0.25000	1.1000e-11
0.50000	1.2000e-11
0.75000	1.9000e-11
1.0000	2.4000e-11
1.5000	2.8000e-11
2.0000	3.4000e-11
3.0000	3.4000e-11
4.0000	3.7000e-11
5.0000	4.1000e-11

What are the values of  $\Gamma$ , and  $\beta$  that you found?

# Googdot

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If you have any questions about your order, please [Contact Us](#)

**Order Status**

**Confirmation**

**Order Status:** Shipped.

**Tracking:** UPS Shipment

**Order Date:** 09/28/2012

**Order Number:** yhst-89929884004861-4225

---

**Ship To**

Tonja Nixon  
101North Merion Avenue  
Box 1225  
Bryn Mawr, PA 19010  
6108003700

**Shipping Method:** Ground (5-7 days)

Your Order	
Item	Cost
1 pashmina-shaw l-wrap-blue	\$4.95
1 pashmina-shaw l-wrap-lavend er	\$4.95
1 Flirty and Fit Solid Color Leggings (12pk) Color : Black	\$50.00
1 pashmina-shaw l-wrap-green	\$4.95
<b>Subtotal:</b>	<b>\$60.85</b>
<b>Shipping:</b>	<b>\$5.95</b>
<b>Tax:</b>	<b>\$0.00</b>
<b>Total:</b>	<b>\$66.80</b>

A gas cylinder with a volume of 35.0L contains 3.7kg of methane at 300.0K.

a) If the gas behaves ideally, what is the pressure of the gas?

Answer

2  
12  
7  
8  
9  
38  
40 → 42%  
mol · J · K  
mol · K · L

$$PV = nRT$$

$$n \rightarrow 3.7 \text{ kg} \times \frac{1000 \text{ g}}{1 \text{ kg}} \times \frac{1 \text{ mol}}{16 \text{ g CH}_4} = 246.1 \text{ mol}$$

$$P = \frac{nRT}{V}$$

$$= \frac{(246.1)(8.314)(300 \text{ K})}{35.0 \text{ L}} = 17592.66 \text{ atm}$$

$$\text{CH}_4 = 12.0107 + 1.00794 \cdot 4 = 16.0426$$

b) If the gas obeys the Van Der Waals equation of state, what is the pressure of the gas?

$$a = 2.2725 \text{ dm}^6 \cdot \text{atm} \cdot \text{mol}^{-2}$$

$$b = 0.043067 \text{ dm}^3 \cdot \text{mol}^{-1}$$

WHERE ARE YOUR UNITS?

$$\left(P + \frac{a}{V^2}\right)(V - b) = RT$$

$$P + \frac{2.2725}{(35 \text{ L})^2} (35 - 0.043067) = (8.314)(300)$$

$$P = 2491.93 \text{ atm}$$

4/15

c) Does the gas in the cylinder obey Boltzmann statistics at 300K?

$$\frac{N}{V} \left( \frac{h^2}{8mk_B T} \right)^{3/2} \ll 1$$

$$\frac{N}{V} = \frac{P}{k_B T} \left( \frac{h^2}{8mk_B T} \right) = \frac{2491.93}{1.381 \times 10^{-23} \cdot 293.2} \left( \frac{6.626 \times 10^{-34}}{8 \cdot 1.653 \times 10^{-27} \cdot 1.381 \times 10^{-23} \cdot 293.2} \right)$$

$$= (4.615 \times 10^{-4}) (2.913 \times 10^{-22}) = 1.345 \times 10^{-25}$$

$3.056 \times 10^{-9} \rightarrow$  less than unity

$$P = \left[ \frac{RT}{2v-b} \right] - \left[ \frac{aT}{v^{3/2}} \right]$$

$$= RT(2v-b)^{-1} - aT v^{-3/2}$$

$$\frac{\partial P}{\partial v} = RT(2v-b)^{-1} - aT v^{-3/2} = (-1)(RT)(2v-b)^{-2}(2) + \left(-\frac{3}{2}\right) aT v^{-5/2}$$

$$\frac{\partial^2 P}{\partial v^2} = -2RT(2v-b)^{-2} - \frac{3}{2} aT v^{-5/2} = -2(-2)RT(2v-b)^{-3}(2) - \frac{3}{2} \left(-\frac{5}{2}\right) aT v^{-7/2}$$

$$= 8RT(2v-b)^{-3} + \frac{15}{4} aT v^{-7/2}$$

$$\left( -2RT(2v-b)^{-2} - \frac{3}{2} aT v^{-5/2} = 0 \right) \frac{4(2v-b)^2}{T} = -8R - 6a v^{-5/2} (2v-b)^2 = 0$$

$$\left( 8RT(2v-b)^{-3} + \frac{15}{4} aT v^{-7/2} = 0 \right) \frac{(2v-b)^3}{T} = +8R + \frac{15}{4} a v^{-7/2} (2v-b)^3 = 0$$

$$\left( -6a v^{-5/2} (2v-b)^2 + \frac{15}{4} a v^{-7/2} (2v-b)^3 = 0 \right) \frac{1}{(2v-b)^2 a}$$

$$-6 v^{-5/2} + \frac{15}{4} v^{-7/2} (2v-b) = 0$$

$$\frac{6 v^{-5/2}}{v^{-5/2}} = \frac{15 v^{-7/2} (2v-b)}{v^{-5/2}}$$

$$\left( 6 = \frac{15(2v-b)}{4 v} \right) 4v$$

$$24v = 15(2v-b)$$

$$24v = 30v - 30b$$

$$24v - 30v = -30b$$

$$-6v = -30b$$

$$v = \cancel{5b}$$

12/15



$$CO = 100\text{K} - 1000\text{K}$$

1 bar pressure

$$\Theta_{\text{vib}} = 2169.8\text{cm}^{-1}$$

$$B = 1.931\text{cm}^{-1}$$

$$M = \text{total mass of molecule} = 28.0101\text{ g/mol} \times \frac{1}{6.022 \times 10^{23}\text{ mol}} \times \frac{1\text{ kg}}{1000\text{g}}$$

$$a) q_{\text{rot}} = \frac{T}{\Theta_{\text{rot}}} = \frac{T k_B}{h B} = \frac{T (1.38 \times 10^{-23})}{(6.6260755 \times 10^{-34}) (1.931\text{ cm} \times \frac{100\text{m}}{1\text{cm}})}$$

$$b) q_{\text{vib}} = \frac{e^{-\Theta_{\text{vib}}/2T}}{1 - e^{-\Theta_{\text{vib}}/T}} = \frac{e^{-2169.8/2T}}{1 - e^{-2169.8/T}}$$

$$c) \langle E_{\text{vib}} \rangle = N k_B \left( \frac{\Theta_{\text{vib}}}{2} + \frac{\Theta_{\text{vib}}}{e^{\Theta_{\text{vib}}/T} - 1} \right) \quad N=2$$

$$\langle E_{\text{rot}} \rangle = N k_B T$$

$$\langle E_{\text{trans}} \rangle = \frac{3}{2} k_B T$$

See Excel

3

Ovib 2169.8  
 B (m) 193.1  
 Mass of Molecule (kg/mol) 4.6513E-26  
 kB 1.38E-23

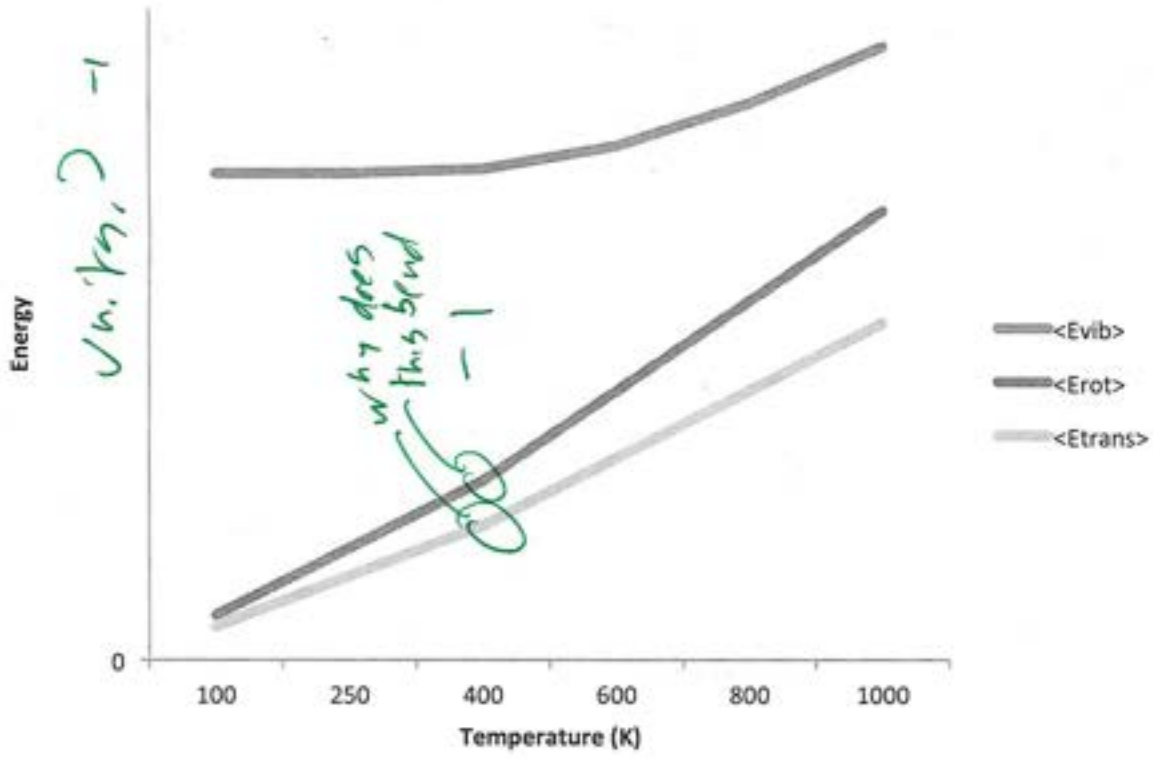
Temperature	qvib	qrot	qtrans	Q	<Evib>	<Erot>	<Etrans>
100	1.9424E-05	10790646363	2.31457E+34	10790646363	2.99575E-20	2.76E-21	2.07E-21
250	0.01304396	26976615907	2.28729E+35	26976615907	2.99677E-20	6.90E-21	5.18E-21
400	0.06668115	43162585451	7.40662E+35	43162585451	3.02227E-20	1.10E-20	8.28E-21
600	0.16848346	64743878177	2.04103E+36	64743878177	3.16126E-20	1.66E-20	1.24E-20
800	0.27597874	86325170902	4.18982E+36	86325170902	3.4218E-20	2.21E-20	1.66E-20
1000	0.38150344	1.07906E+11	7.31931E+36	1.07906E+11	3.7682E-20	2.76E-20	2.07E-20

*where is vibrational  
 not dist - 5*

*7/20*

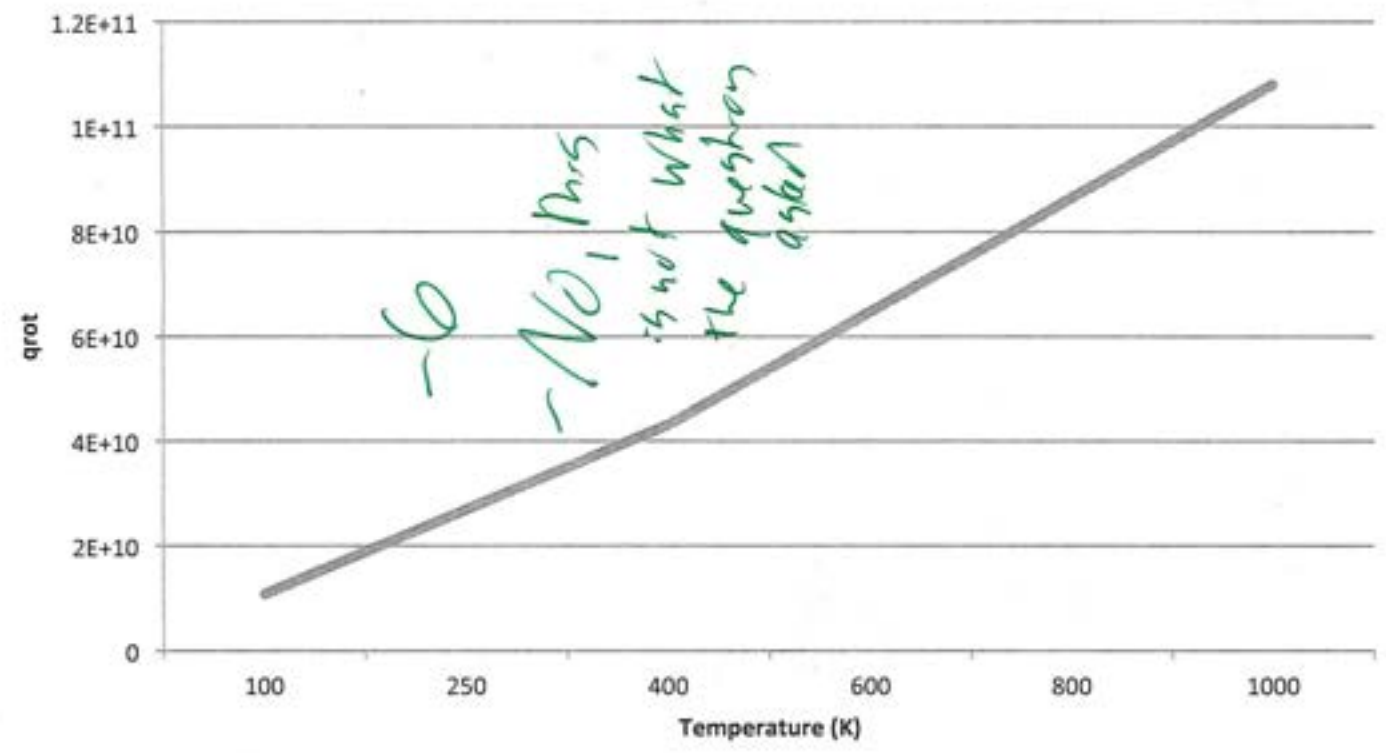
3

### Energy (Vibrational, Rotational, Transitional) Changing as a Function of Temperature



3

### Probability Distribution of Molecules in Rotational State at Various Temperatures



$$K_{eq} = \frac{(q_c)^c (q_d)^d}{(q_A)^a (q_B)^b} e^{-\Delta E_0/B} = \frac{q_{HOD} q_{HCl}}{q_{H_2O} q_{DCI}} e^{-(2.1)/k_B \cdot 750}$$

$H_2O$ :	vib (cm <sup>-1</sup> )	rot (cm <sup>-1</sup> )
	3656	27.88
	1594	14.51
	3756	9.29

$DCI$ :	vib	rot
	2145	5.449

$HOD$ :	vib	rot
	2727	23.38
	1402	9.102
	3708	6.417

$HCl$ :	vib	rot
	2991	10.59

$$q_{vib} = \frac{e^{-\theta_{vib}/2T}}{1 - e^{-\theta_{vib}/T}}$$

$$\theta_{vib} = \frac{h\nu}{k_B} = \frac{6.6260755 \times 10^{-34} \nu_j}{1.380658 \times 10^{-23}}$$

$$q_{rot} = \frac{T}{\theta_{rot}}$$

$$\theta_{rot} = \frac{hcB}{k_B}$$

Note of those are r.g.f

$H_2O$ :	$\theta_{vib}$
	$1.755 \times 10^{-7}$
	$7.65 \times 10^{-8}$
	$1.803 \times 10^{-7}$
$DCI$ :	$1.029 \times 10^{-7}$
$HOD$ :	$1.309 \times 10^{-7}$
	$6.729 \times 10^{-8}$
	$1.78 \times 10^{-7}$
$HCl$ :	$1.435 \times 10^{-7}$

$q_{vib}$
4273504273
9803921568
4159733776.54
7288629737.11
5729673981.05
11145786892
4213542324.53
5226571891

$\theta_{rot}$

See Excel

I can't follow your excel work

8/20

$$q = q_{trans} \cdot q_{vib} \cdot q_{rot}$$

↑

$$q_{vib} = \sum q_{vib}$$

4

kB 1.38E-23  
 Delta E (J/mc) -2100  
 T 750  
 h 6.63E-34

$(q_c \cdot q_d) / (q_a \cdot q_b)$   
 Keq

~~8.63E-01~~  
~~0.00E+00~~

→ system in equilibrium

H2O

Molar Mass 18.01528  
 M 2.99158E-26

v (cm-1)	B (cm-1)	B (m)	Ovib	Orot	qvib	qrot	qtrans
3656	27.88	2788	1.75459E-07		4.01E+01	4274495231	1.87E+01 2.94928E+32
1594	14.51	1451	7.64995E-08		2.09E+01	9803989053	3.59E+01
3756	9.29	929	1.80259E-07		1.34E+01	4160690110	5.61E+01

qvib, polyatomi Q

1.74E+29 5.69E+63

HOD

Molar Mass 19.02134  
 M 3.15864E-26

v (cm-1)	B (cm-1)	B (m)	Ovib	Orot	qvib	qrot	qtrans
2727	23.38	2338	1.30875E-07		3.36E+01	5730674594	2.23E+01 3.19975E+32
1402	9.102	910.2	6.7285E-08		1.31E+01	1.1147E+10	5.73E+01
3708	6.417	641.7	1.77955E-07		9.23E+00	4214550970	8.12E+01

qvib, polyatomi Q

2.69E+29 1.39E+64

HCl

Molar Mass 36.46094  
 M 6.05462E-26

v (cm-1)	B (cm-1)	B (m)	Ovib	Orot	qvib	qrot	qtrans
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4

2991 10.59 1059 1.43545E-07 1.52E+01 5224860233 4.92E+01 8.49173E+32

qvib,polyato:Q  
5.22E+09 2.18E+44

DCI

Molar Mass 37.467

M 6.22169E-26

v (cm-1)	B (cm-1)	B (m)	Ovib	Orot	qvib	qrot	qtrans
2145	5.449	544.9	1.02943E-07		7.84E+00	7285574327	9.57E+01 8.84561E+32

qvib,polyato:Q  
7.29E+09 6.17E+44

$$\theta_{\text{vib}} = 2.78 \text{ K}$$

$$g_J = 2J+1 \quad \text{if } J \text{ is even}$$

$$g_J = J+2 \quad \text{if } J \text{ is odd}$$

a)  $q_{\text{rot}}$  at 300K

$$q_{\text{rot}} = \frac{T}{\theta_{\text{rot}}} = \frac{300}{2.78} = 107.9 \quad \text{--- 8}$$

*can't do this*

b) fraction of CO in  $J=4$  at 300

$$f_J = \frac{(2J+1) e^{-\theta_{\text{rot}} J(J+1)/T}}{q_{\text{rot}}}$$

$$= \frac{(2 \cdot 4 + 1) e^{-2.78(4)(4+1)/300}}{107.9} = 0.0722$$

c)  $T = 2500 \text{ K}$     $\theta_{\text{vib}} = 3103 \text{ K}$

? probability of CO with  $v=1$ ,  $J=3$

$$P_j(N, v, T) = \frac{e^{-E_j(N, v)/k_B T}}{Q(N, v, T)} =$$

$$E_{\text{vib}} > = N k_B \left( \frac{\theta_{\text{vib}}}{2} + \frac{\theta_{\text{vib}}}{e^{\theta_{\text{vib}}/2500} - 1} \right) = 2 k_B \left( \frac{3103}{2} + \frac{3103}{e^{3103/2500} - 1} \right)$$

$$k_B = 1.380658 \times 10^{-23}$$

$$= 7.768 \times 10^{-20}$$

$$E_{\text{rot}} > = N k_B T = 2 \cdot 1.380658 \times 10^{-23} \cdot 2500$$
$$= 6.903 \times 10^{-20}$$



$$q_{\text{rot}} = \sum_{J=0}^{\infty} (2J+1) e^{-\beta h^2 J(J+1)/2I}$$

$$= \sum_{J=0}^{\infty} (J+2) e^{-\beta h^2 J(J+1)/2I} = \sum_{J=0}^{\infty} (3+2) e^{-\beta h^2 (3+1)/2I}$$

$$\theta_{\text{rot}} = \frac{h^2}{2Ik_B}$$

$$2.78 = \frac{(6.6260735 \times 10^{-34})^2}{2(1)(1.380658 \times 10^{-23})}$$

$$7.676 \times 10^{-23} = \frac{(6.6260735 \times 10^{-34})^2}{I}$$

$$I = 5.719 \times 10^{-45}$$

$$q_{\text{vib}} = \frac{e^{-\theta_{\text{vib}}/2T}}{1 - e^{-\theta_{\text{vib}}/T}} = \frac{e^{-(3103)/2 \cdot 2500}}{1 - e^{-3103/2500}} = 0.756188$$

$$P_J = \frac{e^{-(\langle E_{\text{rot}} \rangle + \langle E_{\text{vib}} \rangle)}}{q_{\text{vib}} + q_{\text{rot}}} = \frac{e^{-(7.768 \times 10^{-20} + 6.903 \times 10^{-20})}}{0.756188 + 5}$$

$$= 0.174$$

$$\times 100 = 17.37\%$$

-3