

STUDENT ORGANIZATION REIMBURSEMENT FORM

Student Name: _____ Date: _____

Student Organization: _____
(No abbreviations or acronyms)

The above named organization or individual hereby requests reimbursement for the following:

Event/Activity: _____

Event Date(s): _____ Event Location: _____

Number in Attendance: _____
(If less than 10 people, please list each person's name)

List any student organizations or individuals that may have co-sponsored this event:

What were the funds used for? _____

Attached are the original receipts which total: \$ _____

How much of this cost is being reimbursed? \$ _____

How is this reimbursement being funded? Please list the amount of money being funded from each.

Note: Each student organization receives \$500 per year in SBA funds. For additional funds, a student organization can either collect dues or fundraise but it must set up a discretionary account with the student life office first.

SBA Funds: \$ _____ Discretionary Funds: \$ _____

Payee Information:

Name (Last, First, MI): _____ Phone: _____

Campus-Wide ID #: _____ Email: _____

Please sign and submit to the student life office for reimbursement:

The above organization or individual recognizes that reimbursement will only be processed when original receipts have been provided and the event and expenditures have been pre-approved by SBA or the student organization officers. Furthermore, no reimbursement has been requested for expenditures already paid for by another source.

Student Org President/Treasurer

Date

SBA President/Treasurer Signature

Date