

## REIMBURSEMENT FORM FOR STUDENT ORGANIZATIONS

Name of Organization: \_\_\_\_\_

Name of Student Requesting Money: \_\_\_\_\_

X #: \_\_\_\_\_ (Do NOT use Soc Sec #)

Contact: Phone # \_\_\_\_\_ Email \_\_\_\_\_

Reason for Reimbursement: \_\_\_\_\_

Travel Dates/ Event Date/ Purchase Date: \_\_\_\_\_

Destination: \_\_\_\_\_

Type/ Name of Event: \_\_\_\_\_

Total Amount of Bill/ Reimbursement: \_\_\_\_\_

Issue Payment To: Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

*Payment will be made by direct deposit if you have it set-up (see instructions in Student Leader Handbook).*

Detailed Explanation of Expenditure:

**Please Note: TAPE All Original Receipts, Bills, or Invoices on separate 8.5 x 11 sheet(s) and include with this form. Documents are scanned so please do not staple.**

Requestor's Signature: \_\_\_\_\_

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

**Organization Approver:**

**(President, Treasurer/EIC or other organization authorized signatory)**

Name (Print): \_\_\_\_\_

Position: \_\_\_\_\_

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

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

**SBA Organizations require the additional approval of the SBA President or Treasurer. Please submit to the SBA Office, Ground Floor, Law School.**

SBA Approval: \_\_\_\_\_

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