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: __________________________