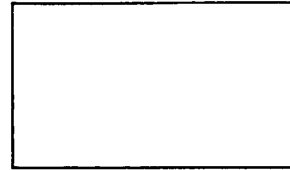


Submitted By



Financial Office

Campus Life Financial Office

REIMBURSEMENT FORM

FOR REIMBURSING INDIVIDUALS FOR PURCHASES

THIS FORM MUST BE ACCOMPANIED BY ORIGINAL, ITEMIZED RECEIPTS FOR EVERY EXPENDITURE LISTED. PLEASE NOTE THAT THE REIMBURSEMENT FORM MUST BE APPROVED BY YOUR TREASURER.

Check Payable to: _____

Permanent Address: _____ Local Address: _____

City, State, Zip Code: _____ City, State, Zip Code: _____

Primary E-mail: _____ Local Phone #: (_____) _____

Organization Name: _____ Student ID#: _____

DeptID #: A90 _____ Date of Event: _____ Total Amount of Check: \$ _____

Please itemize all receipts below, stating a brief description and amount for each receipt; use one line for each receipt submitted and/or each account number to be charged. No organization will be reimbursed for state sales taxes paid on expenditures. For purchases under \$50.00 a petty cash slip will be issued.

	<u>Description</u>	<u>Amount</u>
1)	_____	\$ _____
2)	_____	\$ _____
3)	_____	\$ _____
4)	_____	\$ _____
5)	_____	\$ _____
6)	_____	\$ _____

Please attach ALL ORIGINAL ITEMIZED RECEIPTS to this form with PAPER CLIPS ONLY

APPROVED BY (PLEASE PRINT NAME): _____

AUTHORIZED SIGNATURE: _____ DATE _____