



REIMBURSEMENT FORM

Name: _____

Title of Program: _____

Date/Time/Location _____

Purpose of Program: _____

Reimbursement Procedures

1. Attach Receipt
2. Amounts that are to be taken from more than one account should be noted at bottom of form.
3. Receipts must be submitted within 2 weeks of the date of the receipt.
4. Receipts should not have items for personal use on them.
5. Receipt must reflect what was purchased.
6. Include any additional notes at the bottom of form.

Account(s) to be charged:

Amount to be charged:

Items Purchased for (Program Description & Additional Notes): _____

Reimbursement Amount: \$ _____.

President/Budget Chair Approval: _____

For Budget & Treasury Use Only

Remaining Budget Amount: