STUDENT ORGANIZATION REIMBURSEMENT FORM

Student Name:		Date:	
Student Organization:			
The above named organization or individ	ual hereby requests r	eimbursement for the following	<u>:</u>
Event/Activity:			
Event Date(s):	Event Loc	ation:	
Number in Attendance: List each person's name if less than 10 people attend	ed this event or activity.		
List any student organizations or individu	als that may have co-	-sponsored this event:	
What were the funds used for? If there is more than one transaction or receipt being		ent, please also submit an itemized expen	se report.
Attached are the original receipts which	total:	\$	
How much of this cost is being reimburse Student reimbursements over \$300 (including taxes) please consider splitting up the expenses between m	take longer to process. If yo		
How is this reimbursement being funded Each student organization receives \$500 per year in S funds, a student organization can either collect dues	SBA funds. Leftover SBA fun	ds do not roll over to the next year. For ad	
SBA Funds: \$	Discretion	ary Funds: \$	
Payee Information:			
Name (Last, First, MI):		Phone:	
Campus-Wide ID #:	Email:		
What mailing address should the check b	e sent to if a petty ca	sh reimbursement is not possible	e?
Please sign and submit to the student life	office for approval:		
The above organization or individual recognization between provided and the event and experior officers. Furthermore, no reimbursement has	nditures have been pre-	approved by SBA and the student or	rganization
Student Org President/Treasurer	Date SBA	President/Treasurer Signature	 Date