

FLORIDA SOUTHERN COLLEGE  
STUDENT GOVERNMENT ASSOCIATION  
ORGANIZATIONAL REIMBURSEMENT FORM

Please fill out the following information and **attach ORIGINAL ITEMIZED RECEIPTS**.  
Please submit the completed form to Office of Student Activities in the Bandshell  
**within 2 weeks of the event.**

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

Organization: \_\_\_\_\_

Description of Charges:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Allocated by SGA: \$\_\_\_\_\_

Requested Reimbursement Amount: \$\_\_\_\_\_

Please attach ORIGINAL ITEMIZED RECEIPTS!

Reimbursement requested from (check one):

\_\_\_ Assisting Funds      \_\_\_ Senate (yearly budgets)

Make reimbursement payable to [please list ID # if applicable]:

\_\_\_\_\_ ID # \_\_\_\_\_

Requested by: \_\_\_\_\_ Title: \_\_\_\_\_

Signed by Organization: \_\_\_\_\_

Signed by Organization Advisor: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date:

\_\_\_\_\_  
[House/Senate]

Signed by SGA: \_\_\_\_\_