



Abilene Christian University
 Students' Association
 ACU Box 27819
 Abilene, Texas 79699
 325.674.2826 Fax 325.674.2200
 www.acustudents.org

Reimbursement Request

Personal Information

<i>Last Name</i>		<i>First Name</i>		<i>Middle Name</i>	
Address			E-mail Address		
Line 1			Banner ID		
Line 2					
City	State	Zip	Social Security #		
Home Phone		Cellular Phone			

Purchase Details

Item(s) Purchased _____

Vendor(s) _____

Total Amount Spent _____

What project/activity were the purchases for? _____

What organization sponsored this project/activity?

Where was the project/activity held? _____

When was the project/activity?

If food was purchased please list those who were in attendance:

Please Read This Section

- *If requesting reimbursement for purchases please submit this form within 30 days of the purchase.
- *If this form is not turned in within 30 days your reimbursement request may not be approved.
- *If any of the information on this form is invalid or false you may not receive reimbursement.
- *Once you have completed this form please send to the SA Treasurer and print. Then attach receipts to the form and take to the SA Treasurer's office.
- *If the receipts are missing please complete the missing receipt form.
- *If the reimbursement is less than \$200 you will be called by the SA Treasurer's office to pick up the paper work that you can then take to the Campus Store customer service counter to receive the reimbursement in cash.

FOR OFFICE USE ONLY

Request Approved

Treasurer / CFO

Request Denied

Date _____