

Allegheny College - ASG Reimbursement Request Form

Today's Date:	_____ - _____ - _____	(ASG Rev. 8/11)
If Payable to Student or Employee:	Student or Employee ID #:	
		Send Check to Campus Mailbox #:
Payable to Name:	Person's Name (First, Middle Initial, Last) - No Nicknames	
If Payable to Other:	Company Name - No Nicknames	

Accounts Payable Use Only

Complete Mailing Address:	
	City, State, Zip

Name and Description of Event or Service Rendered:	
Date of Event or Service Rendered:	_____ - _____ - _____

Name of Student Organization	Amount (\$)	Account # (ASG Treasurer Use Only)
Total		

Was This Request Approved by the ASG Finance Committee to be Deducted from One of the Following ASG Accounts?		
General Fund	Surplus Fund	Speaker Fund
Date Approved by Finance Committee: _____ - _____ - _____		
If Yes, Please Circle the Correct Fund		

Request Was Not Approved to be Paid from Funds Listed Above, the Payment will be deducted from the Indicated Student Organization's Budget

Signature of Person Submitting Request:		Approved by:	
Print Name Legibly:			Pasquale M. DiFrancesco
Allegheny Mailbox #	Email Address:	@allegheny.edu	Date Approved: _____ - _____ - _____

Special Handling (If Applicable)	Hold Check in Shultz for Pickup (Name of Person to Pick up the Check)	
	Send Check to a Different Mailbox (Name of Recipient)	Campus Mailbox #: