



From the Office of the Vice President Finance

House Council Reimbursement Request Form

Please attach all receipts and/or any other proof of purchase you have to the top left corner of this form

Name: _____

Today's Date: _____ Date of Purchase: _____

Phone: _____ Email: _____

House Council: _____ Position in House Council: _____

Items Purchases: _____

Vendor: _____

Amount of Purchase: \$ _____ Reimbursement Request Amount: \$ _____

Reason for Purchase:

[Empty box for Reason for Purchase]

Authorization:

Authorization signature lines for President and Vice President Finance, including Name and Signature fields.

NOTE:

- Completed forms and original receipts may be turned into Mary Lou Eye, ASU Accounting Manager, Room 613, Acadia Student Center.
This reimbursement form will NOT be honored without proof of purchase attached.
This reimbursement form will NOT be honored without authorization signatures from the President and Vice President Finance of your House Council.
Reimbursements are usually complete within one week of submitting this form.
Cheques can be picked up in the Accounting Manager's Office - Room 613.
Submissions must be received within 30 days of purchased, or else the reimbursement request will not be honored.