

Reimbursement Request Form

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

Today's Date: _____ Date of Purchase: _____

Name: _____

Phone: _____ Email Address: _____

Organization: _____

Position with Organization: _____

Item(s) Purchased: _____

Vendor: _____

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

Reason for Purchase:

NOTE:

- Completed forms and original receipts may be returned to **Mary Lou Eye, ASU Accounting Manager**, Room 613, Acadia Students' Centre
- This reimbursement form will **NOT** be honoured without proof of purchase attached.
- 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 purchase, or else the reimbursement request will not be honoured.