## STUDENT ORGANIZATION REIMBURSEMENT FORM

Please submit completed form to the SBA Treasurer's folder in Student Org Lounge, Cubicle #1.

If you have questions please contact SBATres@law.cwsl.edu.

1. Reimbursement Requested: [ ] Check Request (\$50 and over) [ ] Petty Cash (under \$50)	
2. Organization (Full Name):	
3. Event Name (see approved Event Approval Form):	
4. Event Date: 5. Num	ber Attended (include roster):
6. Provide a brief explanation of the event, including its business	
7. Total Amount Requested: \$	
8. Payable To: 9. Payee (Legal Name)	e's email:
10. Please include one of the following: [ ] Original Itemized F	Receipt [ ] Missing Receipt Form
11. Delivery Instructions: [ ] Hold for Pickup	[ ] Mail
12. Pay funds from: [ ] SBA Budget Amount: \$	Account Code:
[ ] SBA Budget Amount: \$	Account Code:
[ ] Dues	
13. Request Authorized By (cannot be person getting reimburse	d):
Name:	Position: [ ] President [ ] Treasurer
Signature:	Date Approved:
******* DO NOT WRITE BELOW T	THIS LINE ********************
SBA Treasurer:	Date Approved:
Student Services – Received By :	Date Received:
Event Approved: YES / NO	Date Approved:
Approved By:	Date Approved:
Business Office – Received By:	Date Received: