

REQUEST FOR REIMBURSEMENT



No Travel or Entertainment (food) expenses on this form.

Reimbursement must total \$15 or more. (Under \$15 = Petty Cash)

All reimbursements will be made by check.

Tax will not be reimbursed.

Attach all original receipts to back of form.

Payee:
SS # (last 4 digits):
Complete Address: _____

List all expenses below. Be specific. 'Office supplies,' 'copies,' etc. is not sufficient. The description must fully explain the expense. E.g., 'duplicating agendas for Sept. general meeting.'

Budget Categories are specific to your group's funding and might include publicity, social events, major concert #1, non-SAC expenses, etc.

*** SAC groups:** It is your responsibility to report Non-SAC expenses here.

Description of Purchase	Budget Category *	Amount

Total \$ _____

Requestor	Organization	E-mail/phone

Treasurer's Approval	E-mail/phone	Date Submitted