

REIMBURSEMENT REQUEST

This form must be received by Student Affairs 1 week prior to purchase. **Approval is necessary PRIOR to purchase.** All other purchases become the sole responsibility of the individual. **Once this form is approved you must complete a CHECK VOUCHER for reimbursement.**

Name: _____ Phone: _____

Today's Date: _____ Club/Organization: _____

Club fund number: _____

Circle One: Will reimbursement be paid from **Club** or **Allocated** funds?

Reason for purchase: _____

Anticipated Date of Purchase: _____

Maximum Amount Needed: _____

Approval Signatures:

Moderator _____ Date _____

Treasurer _____ Date _____

DOS _____ Date _____

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