Student Organization Funds
Reimbursement Request

Part 1 of this form must be completed at least two weeks prior to the expense requiring reimbursement. Approval is required before spending for reimbursement is permitted.

PART 1
Date: ________
Name of organization: ____________________________________________________________
Person completing form: __________________________________________________________
Email address: ___________________________ Mailing address: ___________________________
Phone number: ___________________________ City: ________________________________
Student/Employee ID: ______________________ State & zip: __________________________
Name of activity: __________________________
Date and time of activity: __________________________________________________________
Location: _______________________________________________________________________
Purpose: _______________________________________________________________________

Other co-sponsors or partners: ____________________________________________________________________________________________
Nature of event (check one):
___ Community-wide program/event ___ Campus-wide program/event
___ Organization social event ___ Conference registration fee
___ Organization development event (officer retreat, membership drive, etc.)
If this is a program or event, how will you advertise and what kind of audience are you trying to attract?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Itemized cost breakdown: ____________________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Advisor Signature & Date
___________________________________________ President Signature & Date
___________________________________________
Office of Student Engagement Representative
___________________________________________
Approved Denied Date: ______________________
Reason for denial: __________________________

PART 2 - For office use only. Must be completed when receipt is returned to the Office of Student Engagement. Receipt is due to the Office of Student Engagement within 48 hours of making purchase.

Itemized receipt must be submitted and attached to this form.
___________________________________________
Signature of person submitting receipt

Date received ____________________ Initials of OSE Representative
___________________________________________ Revised 08/2016