



# 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