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.** Number Attended (include roster): _____

6. Provide a brief explanation of the event, including its business purpose: _____

_____

_____

_____

7. Total Amount Requested: $ _____

8. Payable To: _____ **9.** Payee's email: _____
(Legal Name)

10. Please include one of the following: [ ] Original Itemized Receipt [ ] Missing Receipt Form

11. Delivery Instructions: [ ] Hold for Pickup [ ] Mail

12. Request Authorized By (cannot be person getting reimbursed):

Name: _____ Position: [ ] President [ ] Treasurer

Signature: _____ E-mail: _____

********** DO NOT WRITE BELOW THIS LINE **********

Pay funds from: [ ] SBA Budget Amount: $_____ Account Code: _____

[ ] SBA Budget Amount: $_____ Account Code: _____

[ ] Dues Account Amount: $_____

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: _____