

# STUDENT ORGANIZATION REIMBURSEMENT FORM

Please submit completed form to the SBA Treasurer's LOCKBOX in the Student Org Room, Cubicle #1.

Reimbursements under \$50.00 will be paid in cash; \$50.00 or more will be paid in check.

If you have questions please email [SBATreas@law.cwsl.edu](mailto:SBATreas@law.cwsl.edu).

1. Organization (Full Name): \_\_\_\_\_

2. Event Name: \_\_\_\_\_

3. Event Date: \_\_\_\_\_

4. Provide a brief explanation of the event, including its business purpose: \_\_\_\_\_  
\_\_\_\_\_

5. Total Amount Requested: \$ \_\_\_\_\_

6. Reimburse from Dues Account Only? [ ] Y [ ] N

7. Payable To: \_\_\_\_\_  
(Legal Name)

8. Payee's email: \_\_\_\_\_

9. Please verify all contents included in your request:

[ ] Original Itemized Receipt    [ ] Missing Receipt Form    [ ] Proof of Payment    [ ] Attendance Roster

10. Delivery Instructions: [ ] Hold for Pickup [ ] Mail To: \_\_\_\_\_

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

Name: \_\_\_\_\_

Position: [ ] President [ ] Treasurer

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

## SBA TREASURER USE ONLY

Pay funds from:

[ ] SBA Budget    Amount: \$ \_\_\_\_\_    Account Code: \_\_\_\_\_

[ ] SBA Budget    Amount: \$ \_\_\_\_\_    Account Code: \_\_\_\_\_

[ ] SBA Budget    Amount: \$ \_\_\_\_\_    Account Code: \_\_\_\_\_

[ ] Dues    Amount: \$ \_\_\_\_\_

Approved By: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Student Services – Event Approved :    YES    NO    N/A    Date Approved: \_\_\_\_\_

Request Reviewed By: \_\_\_\_\_    Date Reviewed: \_\_\_\_\_

Request Approved By: \_\_\_\_\_    Date Approved: \_\_\_\_\_

Business Office – Received By: \_\_\_\_\_    Date Received: \_\_\_\_\_