

STUDENT ORGANIZATION REIMBURSEMENT FORM

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

REIMBURSEMENTS MUST BE SUBMITTED WITHIN 60 DAYS OF EVENT.

If you have questions please email 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. Delivery Instructions: [] Hold for Pickup [] Mail To: _____

10. Please include each of the following: A. [] Attendance Roster **AND** B. [] Original Itemized Receipt*

If you are missing 10B please attach both:* [] Missing Receipt Form **AND [] Proof of Payment

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: _____