## Student Life

## Student & Organization Reimbursement Form

Please completely and legibly fill out the form.

Completed forms should be turned into the Student Life Center within 2 business days of purchase.

Printed Name	
Student	ID Number
Mailing	Address (City, State, Zip)
Phone N	Number
Email A	ddress
Organiz	ration
Purpose	e of Reimbursement
	What account are you billing? <b>Annual / Agency / Unity</b> or <b>One-Time-Funding *Note*</b> Unity & One-Time-Funding are appointed funds from governing organizations on campus. You must be approved to receive!
	UNITY & OTF Only: Approved date Approved \$\$\$ Amount
Name of	f Event/Activity
Date & T	Time of Event
Locatior	n of Event
Total Re	eimbursement Request How would you like your Reimbursement? E-Check or Mailed
Che	cklist must be completed before your reimbursement is processed. Mark NA for items that do not apply to your reimbursement. Please attach everything to this form with a paperclip.
	Original itemized, detailed receipt(s) – Receipt includes a list of all purchased items and their cost
	Copy of publicity (flyer, screenshot, etc.)
	List of the names of those who were in attendance (on sperate sheet)
	Completed gift prize or award form(s)
	* <b>Please Note*</b> Tangible gifts that value \$75 or more require a <b>Gift Prize or Award Form</b> for each individual receiving items Gift cards are NO LONGER accepted in accordance to university policy
	Signed Sodexo waiver (if outside food totals over \$60 for on-campus events)
	If traveling, a copy of map to destination indicating total mileage
	stand <b>sales tax is not reimbursed</b> in accordance with university policy. I understand tips are reimbursed for no more than 18% of the meal cost. All ursements must comply with university accounting policies, found on the Business and Finance webpage. By signing, I acknowledge the monies spent

**Drake** UNIVERSITY

Signature

were for university use.