## Student Life

## **Student Organization Reimbursement Form**

Please completely and legibly fill out the form.

Completed forms should be turned into Student Life within seven (7) days of purchase.

Printed Name	
Studen	t ID Number
Mailing	g Address (City, State, Zip)
	Number
Email A	Address
	zation
Purpos	e of Reimbursement
Annual	/Agency Account or One-Time-Funding
	of Event/Activity
	Time of Event
	on of Event
	eimbursement Request
	ecklist 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)
	*Please Note* Any tangible gift(s) that total \$75 or more require Gift Prize or Award Form(s) for each individual receiving gifts All gift cards/certificates no matter the \$\$ amount require Gift Prize or Award Form(s)
	Signed Sodexo waiver (if outside food totals over \$60)
	If traveling, a copy of map to destination indicating total mileage – you will need to return to SLC to sign paperwork prior to submission
Lunde	rstand <b>sales tax is not reimbursed</b> in accordance with University policy. I understand tips are reimbursed for no more than 18%

I understand **sales tax is not reimbursed** in accordance with University policy. I understand tips are reimbursed for no more than 18% of the meal cost. All reimbursements must comply with University accounting policies, found on the Business and Finance webpage. By signing, I acknowledge the monies spent were for University use.



Signature Date