

STUDENT ORGANIZATION REIMBURSEMENT FORM

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

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

If you have questions please contact SBATreas@law.cwsl.edu.

1. Organization (Full Name): _____

2. Event Name: _____

3. Event Date: _____ 4. Number Attended (include roster): _____

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

6. Total Amount Requested: \$ _____ 7. Reimbursement from Dues Account Only? [] Y [] N

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

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

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

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

Name: _____ Position: [] President [] Treasurer

Signature: _____ Date Approved: _____

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

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

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

[] Dues Amount: \$ _____

SBA Treasurer: _____ Date Approved: _____

Student Services – Received By : _____ Date Received: _____

Event Approved: _____ Date Approved: _____

Approved By: _____ Date Approved: _____

Business Office – Received By: _____ Date Received: _____