REQUEST FOR REIMBURSEMENT

Student Organization Name_________________________________________
Student Name_____________________________________________________
Student ID________________________________________________________

Requesting reimbursement to:

____ Student Organization
____ Student named above

Student Address___________________________________________________
(If you are not signed up for Direct Deposit, your check will be mailed to this address)

Have you received any reimbursement from the university before? _____ _____
Y N

If you have not received any reimbursement from the university previously you will need to go to the following link and complete a supplier form:
https://powerforms.docusign.net/e64b356d-227c-4f0f-9039-1cc17007f61d?env=na3-eu1&accountId=8e0166aa-a77f-42c4-a34f-945d468f34c6

Allocation Source (Which funding source(s) did you receive an allocation from):

☐ NISG Budgetary
☐ Contingency
☐ Coca Cola/Diversity Matters
☐ CME Support fund

Event: ___________________________ Event Date: _______________________

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<tr>
<th>Vendor (Walmart, etc.)</th>
<th>Amount</th>
<th>Category in Budget</th>
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Please attach itemized receipts taped to an 8.5"X11" (standard) sheet of paper. Include notes with each receipt to indicate the funding source and line item(s) that receipt applies to. See reverse for example.

Office Use Only

Account # to Charge: ____________________________
____________________________________________

RFP Processed: ____________________________
Processed by: ____________________________

Processing Notes: