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:**_____

Vendor (Walmart, etc.)	**Amount**	**Category in Budget**

Please attach <u>itemized</u> 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: