

REQUEST FOR REIMBURSEMENT

Student Organization Name _____

Student Name _____ Student ID _____

Requesting reimbursement to:

_____ Student Organization

_____ Student (named above)

Student Address _____

(All reimbursements to students are paid in the form of a mailed check to the address given here)

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

- NISG Annual Budgetary Funding
- NISG Non Allocated Fund
- NISG Coca Cola Fund

Event: _____ Event Date: _____

Vendor/Store Name	Amount	Description/Purpose
Total:		

Please include itemized receipts. The receipt should show the method of payment (credit card, cash, check). This form and the receipts or any other supporting documents can be scanned and emailed to Pam Creger at pamela.creger@uni.edu.

In some cases you may be asked to provide a bank statement or screen shot as additional proof of payment.

Office Use Only

Account # to Charge: _____

Request Processed: _____

Processed by: _____

Processing Notes: