



Reimbursement Form

This form is **REQUIRED** for all reimbursements. You **MUST** have signed approval from the Department Head or your Supervisor at the bottom of this form.

Please attach the necessary documentation:

1. Itemized Receipt AND
2. Proof of Payment (on receipt **or** credit card statement **or** copy of canceled check)

Date: _____

Name: _____

Student #: _____

Email: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

What was purchased? _____

Reason for purchase (details): _____

If this was for an event, meeting, etc. (i.e. if you purchased food and/or non-alcoholic drinks), please fill out this section. **Itemized & charge receipt is required.**

Name of Event: _____

Date(s) of Event: _____

Purpose of Event: _____

If less than 10 attendees, **List all names**; If 10 or more, List by group (ex: 4 faculty, 12 students):

Total Amount Requested: _____
(If amount is greater than \$500, please submit an Official Function Form)

Speedtype (if you know it): _____

Approval by Department Head or Supervisor:

Name: _____

Signature: _____

Date: _____