



Student Affairs Reimbursement Request Form

Today's Date:

INDEX #:

Name:

PID:

Address:

City:

State:

Zip:

Phone:

Email:

EVENT NAME	EVENT DATE & TIME	EVENT LOCATION	SPONSORING ORG	# OF RECEIPTS ATTACHED	TOTAL AMOUNT TO BE REIMBURSED

DESCRIPTION OF ITEMS PURCHASED
PROGRAM PURPOSE

Reimbursements are usually processed within 2-4 weeks and mailed directly to the address indicated on this form. Please attach all **ORIGINAL** receipts. **COPIES OF RECEIPTS WILL NOT BE ACCEPTED.** All reimbursement requests that are received 10 days after the date of the event will **NOT** be approved. All purchases must be approved by your organization's staff advisor. Only those purchases that are within budget and directly related to an approved Warren College event will be reimbursed.

By signing this document, I acknowledge that I have read, understood and personally agree with these terms and conditions:

Signature: _____

Date: _____

Advisor's Signature: _____

Date: _____