

REQUEST FOR REIMBURSEMENT
Student Funding Committee

Date: _____

Organization Name: _____

Event or Conference Title: _____

Date of Event/Meeting Attended _____

Location of Event/Meeting: _____

Name of Person Submitting Request: _____

Phone Number: _____

Please submit all ORIGINAL receipts, invoices, contracts and/or performance agreements.

If reimbursement is for a conference, a copy of the front cover and conference agenda or if it was an EVENT a flier is REQUIRED.

Pay to: _____ Banner ID: _____
(Full name of individual or organization) (If reimbursement is to student)

Address: _____

Phone Number: _____

Total Amount Allocated by Student Funding Committee: _____

Total Amount Requested for Reimbursement: _____

No. of Receipts and Other Documents Attached: _____

Check needed by (if needed by a certain time frame): _____

Normal turnaround time for a check can be up to two weeks

NOTE: Please use the Excel Reimbursement Form, page 2, located on the SFC Webpage to itemize expenses, explain expenditures, or add necessary details not clear on receipts.

Return both forms, along with receipts to Alice Dempsey, Student Recreation & Wellness Center, Garrison 193 or Student Activities, Union 217. Please call 660-543-4245 with any questions about reimbursements.