

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/Email: _____

Required: ORIGINAL receipts/invoices

Required: Conference front cover AND Conference agenda

OR Event flyer

Pay to: _____ 700# ID: _____

(Full name of individual, organization or department) (Student 700 or department foapal)

Address: _____

Total Amount Allocated by Student Funding Committee: _____

Total Amount Requested for Reimbursement: _____

No. of Receipts and Other Documents Attached: _____

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

NOTE:

**Return completed form, documents and receipts to Alice Jarman,
Student Recreation & Wellness Center, Garrison 193 or Student Activities, Union 217.
Please call 660-543-4245 with any questions about reimbursements.**