



# Reimbursement Form

## Student Activities Office

- Unit costs and **EXACT amount** spent must be noted.
- Please **print** in BLUE or BLACK ink.
- All sections must be completed & signatures obtained for final approval from Account Clerk.
- All receipts must be original receipts (no photocopies will be accepted).
- Receipts must be itemized.
- This form must be turned in no later than one month after expense was made.
- **NEW:** No gift cards will be reimbursed (District Office Ruling)

TODAY'S DATE: \_\_\_\_\_ DATE *PRE-APPROVAL* was obtained in SEC \_\_\_\_\_

\_\_\_\_\_  
Check Payable To

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

**Reason for Check (Be Specific):**

\_\_\_\_\_  
Account Name

\_\_\_\_\_  
Account #

\$ \_\_\_\_\_  
Amount

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Faculty Advisor Signature

*Tape Receipt Here*  
(Attach to this form if  
necessary)