

# STUDENT ORGANIZATION REIMBURSEMENT FORM

Please submit completed form to the SBA Treasurer's LOCKBOX in the Student Org Room, Cubicle #1.

REIMBURSEMENTS MUST BE SUBMITTED WITHIN 30 DAYS OF EVENT.

If you have questions please email [SBATreas@law.cwsl.edu](mailto:SBATreas@law.cwsl.edu).

1. Organization (Full Name): \_\_\_\_\_

2. Event Name: \_\_\_\_\_

3. Event Date: \_\_\_\_\_

4. Provide a brief explanation of the event, including its business purpose: \_\_\_\_\_  
\_\_\_\_\_

5. Total Amount Requested: \$ \_\_\_\_\_

6. Reimburse from Dues Account Only? [ ] Y [ ] N

7. Payable To: \_\_\_\_\_  
(Legal Name)

8. Payee's email: \_\_\_\_\_

9. Delivery Instructions: [ ] Hold for Pickup [ ] Mail To: \_\_\_\_\_

10. Please include each of the following: A. [ ] Attendance Roster **AND** B. [ ] Itemized Receipt/Online Paid Invoice\*

*\*If you are missing 10B please attach both:* [ ] Missing Receipt Form **AND** [ ] Proof of Payment<sup>1</sup>

11. Request Authorized By (cannot be person getting reimbursed):

Name: \_\_\_\_\_

Position: [ ] President [ ] Treasurer

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

## SBA TREASURER USE ONLY

Pay funds from:

[ ] SBA Budget Amount: \$ \_\_\_\_\_ Account Code: \_\_\_\_\_

[ ] SBA Budget Amount: \$ \_\_\_\_\_ Account Code: \_\_\_\_\_

[ ] Dues Amount: \$ \_\_\_\_\_

Approved By: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Student Services – Event Approved : YES NO N/A Date Approved: \_\_\_\_\_

Request Reviewed By: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Request Approved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Business Office – Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

<sup>1</sup>Proof of payment in the form of banking statement transaction entry. Provide also if receipt does not show cc authorization.