

Reimbursement Request Form

Residence Life Staff

Name: _____ SSN: _____ Box #: _____

Program/Event: _____ Date of Program: _____

Amount Spent (not more than \$10 unless pre-approved): _____

For (list items purchased): _____

For amounts over \$30, list a name and address for a check. If this is not coming out of your personal budget, list the account below with the appropriate signature. ATTACH RECEIPTS! Write **your name, the name and date of the program/expense, and the amount for which you are asking to be compensated** on the back of each receipt.

Administrative Use Only:

Approved by: _____ Approved on (date): _____

Petty Cash: _____ Issued on: _____ Check Req: _____ Requested on: _____

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