



CLUB/ORGANIZATION REIMBURSEMENT REQUEST

BANNER INV NO: _____

(Format to use with invoice date inserted: REIMB. MM/DD/YY)

All information is REQUIRED and MUST be filled out COMPLETELY. Any missing information will result in a delay of reimbursement.

EOU EMPLOYEE STUDENT OTHER _____

Club/Organization Name: _____

Club/Org Index: _____

Form with fields for Name, EOU ID#, Department, Address, City, State, Zip, and payment options: Mailed, To Cashier, Direct Deposit.

Description of Expenditures

Table with 4 columns: Date, Vendor Name, City, and State, Item Purchased, Amount. Includes a Total to be Reimbursed row.

BUSINESS PURPOSE REQUIRED:

Signature and approval section with fields for Claimant's Signature, Date, Department Approval, and Advisor's Signature/Date.

Table with 4 columns: INDEX, ACCOUNT, ACTIVITY, AMOUNT.

INSTRUCTIONS
1. Attach ORIGINAL receipt for each expenditure listed. Charge slips to personal charge accounts ARE NOT ACCEPTABLE.
2. The reimbursement request must be signed by the Claimant and their EOU I.D. numbers must be listed in the appropriate sections.
3. Submit to Student Involvement, Hoke 204.