

Student Organization Reimbursement Form

Organization	Contact Person	Phone Number	Email Address

Event Name	Event Date	TAMUK Agency Account Number

L Document Request **(TO REQUEST A CHECK OR PAYMENT)**

Please attach all necessary documents required.

- Invoices
- List of Participants (if applicable)
- Registration forms (if applicable)
- W-9 form for vendor

Full Company Name & Address	Request:	Delivery:
	<input type="checkbox"/> Purchase Order <input type="checkbox"/> Check	<input type="checkbox"/> Mail _____ <input type="checkbox"/> Pick-up _____

Reimbursement Request **(No checks will be issued. Funds are deposited into your agency account)**

Tape *original receipts* to an 8 1/2" by 11" sheet of paper and attach to this form. If food is being reimbursed (from a grocery store or restaurant), also attach a list of participants.

Reimbursements take 2-3 weeks to process. Reimbursements will only be made to the Agency Account.

Receipt #	Purpose	Vendor	Total (no gratuity or tax)
Receipt #1			
Receipt #2			
Receipt #3			
Receipt #4			
Receipt #5			
Total			\$

The president OR treasurer AND the advisor must approve this reimbursement.

President or Treasurer's Approval

Date

Advisor's Approval

Date

Date stamp area

OFFICE USE ONLY
Received by: _____
Date Processed: _____
Processed by: _____