

# FORDHAM UNIVERSITY

## Graduate School of Business

### Reimbursement/Check Request Form

TO BE REIMBURSED, THIS FORM MUST BE ACCOMPANIED BY **ORIGINAL RECEIPTS** FOR ALL PURCHASES.

**CLUB NAME:** \_\_\_\_\_ Date Submitted: \_\_\_\_\_

SAC Budget #: \_\_\_\_\_

Requestor: \_\_\_\_\_ Phone no.: \_\_\_\_\_

Home address: \_\_\_\_\_

**EVENT:** \_\_\_\_\_

Event Date/Time: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Event Location: \_\_\_\_\_

**REIMBURSEMENT:**

**CHECK REQUEST:**

(Reimbursements less than \$50 will be in cash, greater than \$50 will be by check)

Check Payable to: \_\_\_\_\_

Mail to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Itemization:

<u>Quantity</u>	<u>Description</u>	<u>Cost (per unit)</u>	<u>TOTAL COST</u>
<b>TOTAL:</b>			<b>\$</b>

Treasurer's Approval: \_\_\_\_\_

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

Dean of Student Affairs Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Amount Requested: \$** \_\_\_\_\_

**Amount Approved: \$** \_\_\_\_\_