



INDIANA UNIVERSITY
 OFFICE OF STUDENT ORGANIZATION ACCOUNTS
 Bloomington

**REIMBURSEMENT REQUEST
 INSTRUCTION SHEET**

I certify that I have spent \$ (1) \$8.39 of my personal funds on behalf of (2) Alpha Alpha Alpha.
 (Name of Organization)

These items were purchased on (3) 5/1/2008 for (4) alumni banquet. I have provided all receipts
 (Date(s)) (Event/Purpose)

verifying the purchase(s).

| Vendor | Cost |
|------------------|--------------------------|
| <u>(5)</u> _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| | Total Cost: _____ |

Date prepared: (6) 5/1/2008
 Signature of Payee: (7) John Doe
 Print Name: (8) John Doe
 Address of Payee: (9) 123 American Way
Bloomington, IN 47404
 E-mail: (10) jdoe@indiana.edu
 Phone: (11) 812-123-4567

PLEASE ATTACH THIS FORM AND ALL RECEIPTS TO THE CHECK REQUEST FOR PAYMENT.
 ITEMS WILL NOT BE REIMBURSED WITHOUT RECEIPTS

1. Total amount of reimbursement.
2. Name of the organization/account issuing the check request for the reimbursement.
3. Date(s) on which the items were purchased.
4. The event or purpose for which the items were purchased (e.g., Little 500 weekend; homecoming; party; etc.)
5. List where purchase(s) were made and total of each receipt.
6. Date that the reimbursement request is filled out.
7. Signature of person being reimbursed.
8. Legibly written name of person being reimbursed.
9. Address to which reimbursement check is to be mailed.
10. E-mail address.
11. Phone number.

ATTACH RECEIPTS TO REIMBURSEMENT REQUEST.