



**INDIANA UNIVERSITY**  
 OFFICE OF STUDENT ORGANIZATION ACCOUNTS  
 Bloomington

## REIMBURSEMENT REQUEST

I certify that I have spent \$\_\_\_\_\_ of my personal funds on behalf of \_\_\_\_\_  
 \_\_\_\_\_ . These items were purchased on \_\_\_\_\_ for  
 (Name of Organization) (Date(s))  
 \_\_\_\_\_ . I have provided all receipts verifying the purchases.  
 (Event/Purpose)

Vendor	Cost
_____	_____
_____	_____
_____	_____
	Total Cost: _____

Date prepared: \_\_\_\_\_  
 Signature of Payee: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Address of Payee: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_

Please attach all receipts to this signed form and turn in to the SOA Office.  
 You must ALSO complete the online payment request.

**NOTE:** Items will not be reimbursed without detailed receipts.  
 \*\*Purchases of alcohol will not be reimbursed under any circumstances. \*\*