



INDIANA UNIVERSITY

OFFICE OF STUDENT ORGANIZATION ACCOUNTS
Bloomington

REIMBURSEMENT REQUEST
INSTRUCTION SHEET

I certify that I have spent \$ (1) \$18.39 of my personal funds on behalf of (2) Alpha Alpha Alpha (Name of Organization)

These items were purchased on (3) 5/1/2012 for (4) alumni banquet I have provided all receipts verifying the purchase(s)

Table with 2 columns: Vendor, Cost. Vendor: (5) Kroger, Marsh. Cost: 10.29, 8.10. Total Cost: 18.39

Date prepared: (6) 5/1/2012
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
Daytime Phone: (11) 812-123-4567

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 and proof of purchase.

\*\* Purchases of alcohol will not be reimbursed under any circumstances.\*\*

- 1. Total amount of reimbursement.
2. Name of the organization/account issuing the payment request for 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 completed.
7. Signature of person being reimbursed.
8. Printed name of person being reimbursed.
9. Address to which reimbursement check is to be mailed.
10. E-mail address of the person being reimbursed.
11. Daytime telephone number of the person being reimbursed.