



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. ****