



*All receipts must be attached to this document. The business office will not accept any loose receipts for reimbursement. **Note: Reimbursements can take up to four weeks to be processed.***

**Date of Request:**

**Club Sport:**

**Event Date(s):**

**Event Name(s) or Location(s):**

**Description of Reimbursement(s) i.e. Gas for trip, food for event, etc.:**

Date (mm/dd/yy)	Itemization of Charges (Vendor, Item, Purpose)	Reimbursement Amount
		\$
		\$
		\$
		\$
		\$
		\$
Total Reimbursement		\$

**I hereby certify that all of the preceding information is correct to the best of my knowledge and that all receipts are attached to this request for reimbursement. I also attest that I have not received reimbursement from other source(s) for any expenses claimed.**

**Reimbursed Individual:**

**Worner Box Number:**

**CC ID:**

**Signature:**

**I acknowledged that these reimbursements are to be issued to the individual named above and attest that they coincide with club policy and are proper use of club funds.**

**Name of Club Officer:**

**Signature of Club Officer:**