

Student Organization Reimbursement Form

Name: _____

Home Address: _____

Phone: _____

Email: _____

Organization: _____

Advisor: _____

Event Name: _____

Date/Time: _____

Location: _____

Attendance: _____

Purpose of Purchase:

Total: \$ _____

Hold check for pick-up: _____
(At Tate Student Center Business Office)

Vendor's Name _____

Mail Check (home only): _____

Vendor's Address _____

***Vendor printed name and signature required on receipt for gratuity reimbursement**