

Student Senate Expense Reimbursement or Payment Form

ALL RECEIPTS/INVOICES MUST BE ATTACHED TO THIS FORM

Please allow 3-5 business days to process any requests.

Please check which organization/club this request is for:

Student Senate

RAD Club

Other _____

Request Date:	
Person Requesting:	
Who to Reimburse/Pay:	
Event:	
Reason for check:	

Itemized List of Receipts/Invoices (use back if you need additional space):

Items Purchased	Purchased From	\$ Amount
		TOTAL

Student Senate President or Treasurer approval:

Name:	Date:	Signature:
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Continue on back

Advisor/Lead Approval:

Name:	Signature:	Date:
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For Campus Coordinator Use Only:

Date Check Issued:	Amount:	Check #
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