Reimbursement Request Form (for reimbursements under $100)

NOTE: Please return completed form to Dougherty #102 with all original receipts attached. You will be notified within 5-7 business days by email when reimbursement will be ready for pick-up.

Date: __________________________   Student Organization: ____________________________

Student Name: _______________________   Banner ID: __________________________

Contact Phone: _______________________   Contact Email: _________________________

Type of Expense: ___________________   If food for meeting was a food request submitted ____________

Total Reimbursement Amount Requested: $ __________

Please list vendor and amount below. If submitting a reimbursement request for multiple receipts, please list each vendor and the corresponding amount separately:

<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>Amount</th>
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<td><strong>Total:</strong></td>
<td><strong>$</strong></td>
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</tbody>
</table>

Please state the reason for your expenses (meeting, dinner, event, etc.). For meals, please include the names of all attendees:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I, the undersigned, verify the above statements to be true and correct and that all expenditures were for Villanova University business purposes only.

Payee Signature: ____________________________   Date: __________________

For Internal Use Only:

Account Number: ____________________________   Date Received: __________________

Cash Recipient Signature: ____________________________   Date: __________________
Student and Non-employee Payment Request Support
For Reimbursements over $100.00

Student ID: ___________________________ Date: ___________

Name: ___________________________ Department: Student Involvement

Home Address: ___________________________ Dept. Contact: Amy Rockwell
Check will be sent to Stud. Involvement Office

Student Group/Org ___________________________ Budget # ___________________________

Total Amount Requested: $________________________ Student e-mail ___________________________

If food for meeting was a food request submitted__________

Receipts supporting request must be attached and all fields are required in order for request to be processed. Forms with missing information may be returned or delayed. Payment amount subject to change if in conflict with University policies. This form and receipts should be delivered to The Office of Student Involvement-Dougherty #102. You will be notified when check is available for pick-up.

Reason for Reimbursement:
________________________________________________________________________________________

________________________________________________________________________________________

Meal Information: Please provide the following information:

Location ___________________________ Date ___________

Topics of Discussion ___________________________ Number of Attendees: ___
Name of Guests, including titles: ___________________________ Total amount $ _________

________________________________________________________________________________________

________________________________________________________________________________________

Other/Supplies etc.: Indicate clearly what items were purchased.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Total Amount $ ___________

I the undersigned verify the above statements to be true and correct, and that all expenditures were for business purposes only and were authorized by a representative of Villanova University.

Signature: ___________________________ Date: ___________