

**This form is for expenses under \$100 only – check Total to be reimbursed before submitting**

Directions: Have this form signed by your advisor, then bring the form and receipt to Ben Godwin for reimbursement.

**Group:** \_\_\_\_\_ **Pay From:** \_\_\_ 3 account \_\_\_ 9 account

**Person to be reimbursed:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Vendor	Item	Purpose	Amount
1.			
2.			
3.			
4.			
5.			
6.			

**Total to be reimbursed:** \_\_\_\_\_

**Submitted by:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_