**Alpha Phi Omega – Gamma Pi**

**Request for Reimbursement**

*Please complete the following form and attach it to the receipt for which you are requesting reimbursement. This form must be turned in within 30 days from the purchase date. All reimbursements will be paid by check to the name given on this form. If receipt contains items other than those used by Alpha Phi Omega, please highlight the items you are requesting to be reimbursed for.*

**Name:**

**Address (ONLY if you need a check mailed to you):**

**Phone:**

**Email:**

**Project:**

**VP Overseeing:**

**Amount requested:**

**Budget Allocation for Project:**

**Items purchased if unclear on receipt:**

**Reimbursement method (Via check or Venmo):**

**Venmo Handle (if you chose Venmo above):**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*OFFICE USE\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Check number:**

**Date Paid:**