

INSTRUCTIONS: This form is **REQUIRED** for all reimbursement requests. Please ensure that the items you are seeking a reimbursement for has been approved for purchase in the Iota Phi Chapter budget of the current term. You **MUST** provide original proof(s) of purchase that clearly specify the items that pertain to this reimbursement request. Please keep personal purchases off the receipt you submit. You **MUST** have this form reviewed by the overseeing officer responsible for the event/purchase which you seeking a reimbursement for. All requests must be submitted to a Finance Vice President within 14 days of the original purchase date, unless extenuating circumstances have occurred. Please use one form per project/event only.

Alpha Phi Omega, Iota Phi Reimbursement Request Form

Today's Date: _____

Current Term: _____

Office/Committee: _____

Project & Project Date: _____

Check(s) to be made payable to: _____

<i>Purchase Date</i>	<i>Item of purchase/Description</i>	<i>Quantity</i>	<i>Cost</i>
		TOTAL	

TERMS: All reimbursements are in the form of written checks only. There will be a 14-day review and processing period before reimbursements are distributed. Any discrepancy on this form may cause further delays. Late reimbursement request submissions are subject to a 10% deduction of the total reimbursement amount. Reimbursements involving purchases made from a previous term will NOT be considered. Reimbursement checks are void 60 days after the original date of distribution.

I, _____ have read the instructions provided and fully understand the terms of this request.
[Print name]

Signed: _____ Dated: _____

Reviewed by: _____, Overseeing Officer
[Printed/Signed/Dated]

OFFICIAL USE ONLY

REMARKS:

Approved by: _____
Finance Vice President
[Printed, Signed, Dated]

☐ This reimbursement is an allocation.

FORM RCVD ON:
CHK #:
CHK DISTR ON:
CHK DPT ON:

Witnessed by: _____
Active Brother
[Printed, Signed, Dated]