

CLUB REIMBURSEMENT REQUEST FORM

Date: _____

Club Name: _____

Acct # _____ Dept # _____ Fund # 71
(most common 309329)

Person to be reimbursed: _____

ID # of person: _____

Amount \$: _____

*Please completely **tape** (no staples) receipts on a separate blank piece of paper.*

Authorized Signature #1

Authorized Signature #2

Printed Name #1

Printed Name #2

Signatures Needed: Two officers or a Sponsor must sign

Sponsor Signature (Required if reimbursement amount exceeds \$500)

Tip: Rather than spending your own money, you can:

1. Request the business to supply you with an invoice to pay;
2. Deliver invoice (with signatures and coding) to the Cashier before 12:00pm on Wednesday; and finally
3. A Club Officer (or designee) may pick up the check Friday from 8am-12pm.
4. Or request the Sponsor to use the WWU Purchasing Card.