

CHECKLIST FOR REIMBURSEMENT OF ORGANIZATIONAL PURCHASES OVER \$20

Officer being Reimbursed: _____

Organization Name: _____

Completed IRS W-9 Form

If you have completed a form from a previous purchase, a new form is not needed. Although, please fill out the following:

Home Address: _____

Social Security #: _____

Student ID: _____

E-Mail: _____

Cell Phone Number: _____

Original Receipts from Purchase

Name of Event: _____

Date of Event: _____

List of Attendees: _____

You will be contacted to sign a completed reimbursement form then you will be emailed by the Business Office as to when your reimbursement will be available.