

REIMBURSEMENT FORM

(FILL OUT ALL BLANKS)

Student organization to be charged: _____
 Check payable to: _____
 Payee's Mailing Address: _____

 Payee's Washburn ID #: _____
 Date reimbursement submitted: _____
 Total amount requested for reimbursement: _____

Original itemized receipts **MUST BE ATTACHED** to this form and listed below.

- Payee will be reimbursed only up to the remaining allocated budget balance of the organization.
- Reimbursement requests **MUST** be submitted within 15 school days of the date of the expense incurred, *or* if the expense is part of a larger event, within 15 school days of the event date.
- WSBA will not reimburse an organization for a gratuity charge in excess of 20%.
- WSBA will not reimburse an organization for a gratuity charge for food order pick-up.
- WSBA will not reimburse food items used on campus not approved by Chartwells
- WSBA will not reimburse alcohol

Reimbursements are mailed to payee's mailing address. Payee's address **MUST** be provided. **IF** Payee is an individual then the individual's WIN number (student ID number) **MUST** be provided. *Student organizations are responsible for keeping copies of all receipts!*

<u>DATE</u>	<u>AMOUNT</u>	<u>PURPOSE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The undersigned verify the accuracy of the above listed expenses to the best of our knowledge and affirm that these expenses were incurred by a student organization recognized by the Washburn Student Bar Association. There **MUST** be two signatures from **two** authorized signatures of the organization.

Signature of Organization Treasurer

Signature of Other Authorized Individual

If Using WSBA Funds

Signature of WSBA Treasurer: _____

For internal use only:

Date Received: _____ Date approved: _____ Date distributed: _____

Method of distribution: _____

Fund _____ Organization _____ Account _____ Program _____ Activity _____