

Event/Program Reimbursement Form

Name of Organization _____ Date submitted _____

Title of Event _____ Co Sponsorship? ___ Yes ___ No

If yes, please list name(s) of the other organization(s) involved _____

Date of event/program _____ Time _____

Location _____

***The following MUST be attached to this form: 1.) attendance list from event (if food was ordered) 2.) Original itemized receipts 3.) Post Event Form 4.) Any other paperwork as indicated by the OSA Student Handbook**

Itemized expenses: List below ALL expense related to this event. Do not submit this form until all expenses have been received. Attach original itemized receipts for each of the items. Remember that we cannot reimburse money spent on sales tax or alcoholic beverages.

Student or Vendor Name to be reimbursed (Please Print)	Student Address <i>(Address is required if we are to reimburse a student)</i>	Describe each expense incurred	Expense Amount	Account to cover expense (State or Foundation)

Submitted by: _____
Please print

Signature

Co-Sponsored Treasurer Signature

Co-Sponsored Treasurer Signature

Approved by: _____
Director or Activities Coordinator Office of Student Affairs

Date