

# Student Organizations Reimbursement Request

Reimbursement Payable to:

Student's Address  
(check will be  
mailed to this  
location)

Student email address:

Student Group Name:

Director of Academic Services Signature:

SBA Representative Signature:

Type of Funds:

|                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Non Discretionary (SBA Funding Process)  |
| <input type="checkbox"/>            | Discretionary* (non-SBA Funding Process) |

\*\$50 limit/year

Account Number:

Public Purpose:

Event Title: (if applicable)

Date of Purchase:

Vendor Name:

Amount authorized to expend:

SBA Treasurer to complete this line & initial

If any food or meals are purchased, please attach the Business Meals Form and a list of attendees. All receipts must show proof of payment.

\*Students are required to properly account to ASU for their expenses within 30 days of when the expenses were paid or incurred. If reimbursements are turned in after 30 days they **WILL NOT** be reimbursed.

Please return this form and all receipts and required attachments to the SBA Treasurer.

*Thankyou!*