WRIGHT STATE UNIVERSITY – LAKE CAMPUS Student Organization Reimbursement Form

Prior to any purchase, the Fund Request Form must be submitted to 219 Dwyer and approved in advance.

All reimbursement requests must be submitted **within** <u>30-days</u> of purchase. Any requests submitted after that time, or amounts exceeding the organization's approved funding, will be declined. Please submit this completed form and all necessary receipts to Candace Phlipot, 219 Dwyer Hall. Forms will be reviewed for accuracy and matched with the previously approved Fund Request From, then forwarded to the Business Office for processing.

Organization Name:	
Title(s) & Date(s) of Event(s), if applicable:	
Reimbursement Payable to (Name):	
University ID:	
Date(s) of Purchase(s):	
Total Amount of Reimbursement: \$	
Advisor Name(s):	
Advisor Signature:	Date:
	xempt organization. Tax amounts paid on purchases will not be may need to submit a tax exemption certificate to the vendor. Your ink:
http://www.wright.edu/administration/purchase/forms.html	
Total reimbursement amounts under \$200 will be pwill be processed and paid by check, then sent via ma	processed and paid by cash. Total reimbursement amounts over \$200 ail to the address listed with the Registration Office.
Any reimbursement requests exceeding the approv plan accordingly and monitor your organization's ex	ed Student Organization Funding Amount will be declined – please xpenditures.
FOR OFFICE USE ONLY:	
Date Form Received/Initials:	Date Processed/Initials:
Total Amount: \$	CASH _ CHECK
Notes:	