

Student Reimbursement Form



- Please enter all requested information excluding information in sections marked "For Office Use"
- Attach corresponding invoices or itemized/original receipts
- If you are being reimbursed for personalized t-shirts, mugs, etc., you must attached Michelle's design approval email
- When completed, please print and bring to the office of University Student Affairs/COMP-Northwest Student Affairs
- You will receive an email when the direct deposit has been processed or when your check is ready for pick up
- Direct deposits will be posted to your personal bank account in approximately one week

PAYER INFORMATION

Pay from -or- Transfer from:

Class/Club Name: Fund #

PAYEE INFORMATION

Pay to (Print Name of Company or Individual):

Address

City State Zip Code

Telephone Student ID# (Required if funds are payable to a student)

Transfer to Class/Club (Print Name): Fund #

Please process my reimbursement as: Direct Deposit (Preferred) OR Check Mail Check to Payee
 Return Check to USA
 Return check to COMP-NW Student Affairs

Event/Guest Speaker Name: Date:

| Description of Purchase/Reason for Transfer | Amount |
|--|--|
| <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> |
| <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> |
| <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> |
| <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> |
| Total Spent: <input style="width: 100px;" type="text"/> | |
| Total to be Reimbursed: <input style="width: 100px;" type="text"/> | |

Signatures

I hereby certify that the above goods, services or expenses have been received, rendered or incurred to my satisfaction. **Invoice(s) and/or itemized original receipt(s)** are attached.

Signature of Club/Class President Print Name Date

Signature of Club/Class Treasurer Print Name Date

Signature of Club Advisor or SGA Treasurer Print Name Date

FOR OFFICE USE

| | Fund | Org | Account | Program | Prior Account Balance | Date |
|----------------------------------|------|-------|---------|---------|-----------------------|------|
| Pay/Transfer from Account Number | 4099 | 70850 | 40 | | | |
| Transfer to Account Number | 4099 | 70850 | 40 | | | |

Signature of USA/COMP-Northwest Student Affairs Representative Date **Travel Only:**
Date Student Travel Notification Form Approved