

# Student Reimbursement Form



**Western University**  
OF HEALTH SCIENCES

- **Original and itemized** receipts are required for all reimbursements
- Attach approval e-mail if requesting reimbursement for personalized (logo) t-shirts, mugs, etc.
- Payee will receive an email when the direct deposit has been processed or when your check is ready
- Direct deposits will post to your personal bank account in approximately one week
- Reimbursement requests should be submitted within 10 days of the purchase; travel reimbursements within 30 days of travel or by June 15<sup>th</sup>
- Travel form required for all student travelers: <https://jprod.westernu.edu/studenttravel/>

## PAYER INFORMATION

Class/Club Name:  Payer Fund #:

## PAYEE INFORMATION

Pay to:

Check here if transferring to another FUND. Payee FUND#/FOAPAL:

Address

City  State  Zip Code

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

Please process my reimbursement as:  Direct Deposit (Preferred) OR  Check

Mail Check to Payee (address must be provided)

Return Check to University Student Affairs (California)

Return Check to COMP-NW Student Affairs (Oregon)

## DESCRIPTION OF PURCHASE/REASON TO TRANSFER:

Event/Guest Speaker Name:	Date:	Amount

Total Spent:

**Reminder! Attach Original & Itemized Receipts!**

Total to be reimbursed if different from total spent:

## 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.

Club/Class President or Off-Campus Class Rep 1 \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Club/Class Treasurer or Off-Campus Class Rep 2 \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

## WHERE TO SUBMIT THIS FORM

Submit this completed form and receipts to the Office of University Student Affairs (USA) in SSC, Room 101, or to COMP-Northwest Student Affairs.

## FOR OFFICE USE ONLY

Pay/Transfer from Account Number	Fund	4099	Org	70850	Account	40	Program	\$	Prior Account Balance	Date
Transfer to Account Number	Fund	4099	Org	70899	Account	40	Program			

Signature of USA/COMP-Northwest Student Affairs Representative \_\_\_\_\_ Date \_\_\_\_\_

**Travel Only:** \_\_\_\_\_ Date Student Travel Notification Form Approved \_\_\_\_\_