

STUDENT REIMBURSEMENT FORM

Student organization to be charged:

Event name/Event date:

Payee name:

Payee's WIN number:

Payee's mailing address:

Total amount of reimbursement:

<u>Name of purchase</u>	<u>Date of purchase</u>	<u>Quantity</u>	<u>Purpose of purchase</u>
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Original itemized receipts **MUST BE ATTACHED to this form and listed below.**

- Payee will be reimbursed only up to the remaining allocated budget balance of the organization.
- Reimbursement requests **MUST** be submitted within 15 school days of the date of the expense incurred, *or* if the expense is part of a larger event, within 15 school days of the event date.
- WSBA will not reimburse an organization for a gratuity charge in excess of 20% Pre-Tax.
- WSBA will not reimburse an organization for a gratuity charge for food order pick-up.
- WSBA will not reimburse food items used on campus not approved by Chartwells.
- WSBA will not reimburse alcohol.

Reimbursements are mailed to payee's mailing address. Payee's address **MUST** be provided. **IF** Payee is an individual then the individual's WIN number (student ID number) **MUST** be provided. *Student organizations are responsible for keeping copies of all receipts!*

Pre-Payment Student Signature Sheet

The undersigned verifies the accuracy of the above listed expenses to the best of their knowledge and affirms that these expenses are to be incurred to the following organizations.

If Using WSBA Funds

Student Org. Treasurer:

Date:

WSBA Treasurer:

Date:

Fund: 111200

Org: 330040

Account:

Prog: 15001

Activity:

Notes:

If Using Agency Account Funds

Student Org. Treasurer:

Date:

Student Org. Advisor:

Date:

Fund:

Account:

Notes: