

Post Event Reimbursement Form

Requested by: _____ Date: _____

Email: _____ Phone: _____

Organization: _____

Description of expenditure: _____

Name of event: _____ Date/Time: _____

SGA Funds Chartstring: 1113 10592 051 CV _____ Carryover Chartstring: 5220 10592 051 CV _____

Vendor / Payee Receiving Reimbursement	SGA-Allocated Funds Spent	Club Carryover Funds Spent	Total Cost (SGA + Carryover)
A.	\$	\$	\$
B.	\$	\$	\$
C.	\$	\$	\$
D.	\$	\$	\$
TOTAL:	\$	\$	\$

<p style="text-align: center;"><u>Information on Vendor/Payee A.</u></p> <p>Items Purchased: _____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>FIN/SSN: _____ Phone: _____</p> <p>Contact Person: _____</p>	<p style="text-align: center;"><u>Information on Vendor/Payee C.</u></p> <p>Items Purchased: _____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>FIN/SSN: _____ Phone: _____</p> <p>Contact Person: _____</p>
<p style="text-align: center;"><u>Information on Vendor/Payee B.</u></p> <p>Items Purchased: _____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>FIN/SSN: _____ Phone: _____</p> <p>Contact Person: _____</p>	<p style="text-align: center;"><u>Information on Vendor/Payee D.</u></p> <p>Items Purchased: _____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>FIN/SSN: _____ Phone: _____</p> <p>Contact Person: _____</p>

*Please attach all relevant documents. This includes all receipts, W-9's, proof of the event, a sign-in sheet, etc.
If more than four vendors need to be reimbursed, please attach another Post Event Reimbursement Form.*

AUTHORIZED SIGNATURES: For reimbursements under \$150.00, the signature of the organization's President or Treasurer is required. If the President or Treasurer is requesting the reimbursement, and the purchase is under \$150.00, the officer not requesting reimbursement must provide their signature below. For all reimbursements exceeding \$150.00, the signatures of both the organization's President and Treasurer are required.

Treasurer (Signature) Date

Treasurer (Print)

President (Signature) Date

President (Print)

SGA Advisor on Duty (If applicable): _____ Date: _____