

Request For Reimbursement

Date _____

Organization: _____

Payable To: _____

Current Address: _____

Phone #: _____ Email Address: _____

Items Purchased (if food was purchased, provide a flyer for event):

Vendor: _____

Total Spent: _____ Date Purchased: _____

Reason For Purchase:

Organizational Representative: _____

Divisional Representative: _____

SAFC Business Manager: _____

This form should be completed when requesting reimbursement for a purchase from an organization's on-campus account. Once completed and signed by the organization's authorized representative, it must be submitted to the SAFC Business Manager for approval and processing. Average time to receive a reimbursement is between 3-4 weeks.