Student Reimbursement Form

Name:_____ Date:_____
First Last

CWID:_____ E-mail Address:_____

Current Mailing Address: _____

_____

Phone Number: _____

I am a: ☐ Student Employee ☐ Club Member ☐ Other

Amount to be reimbursed: $_____

If reimbursement is for goods, only fill out What and Why - otherwise fill out each

Who (*if more than 10 names, write "10+"*): _____

_____

What: _____

Where:_____

When: _____

Why: _____

_____

_____

_____

Student Signature:_____

Club President or Treasurer Signature:_____
(If applicable)

Supervisor Signature:_____ Date:_____

Please attach receipts to this form and return to your supervisor in the HAWC for approval.

To Be Filled Out By Supervisor:

FUND:_____	DEPT ID:_____	ACCOUNT:_____
CLASS:_____	PROGRAM:_____	OP UNIT:_____
*PRODUCT:*_____	*PROJECT:*_____	