

## STUDENT BAR ASSOCIATION REIMBURSEMENT FORM

FROM: \_\_\_\_\_

NAME OF ORGANIZATION: \_\_\_\_\_

DATE: \_\_\_\_\_

The above named organization or individual hereby requests reimbursement for the following:

EVENT/ACTIVITY: \_\_\_\_\_

\_\_\_\_\_

DATE(S): \_\_\_\_\_

LOCATION: \_\_\_\_\_

ATTENDANCE: \_\_\_\_\_ (if organization event)

CO-SPONSORS: \_\_\_\_\_

FUNDS USED FOR: \_\_\_\_\_

\_\_\_\_\_

Attached are original receipts which total: \$ \_\_\_\_\_

Original amount authorized for this event or activity: \$ \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Email/Phone: \_\_\_\_\_

The above organization or individual recognizes that reimbursement will only be provided by the SBA when the event and expenditures have been pre-approved by the SBA and an original receipt(s) is/are provided. Furthermore, no reimbursement has been requested for expenditures already paid for by another source.

\_\_\_\_\_  
Organization President/Individual

\_\_\_\_\_  
Organization Treasurer (if applicable)

| FOR SBA OFFICE USE ONLY |          |           |               |  |
|-------------------------|----------|-----------|---------------|--|
| Check approved for:     | \$ _____ | Date:     | _____         |  |
| Approved By:            | _____    | Check No: | _____         |  |
| _____                   |          | _____     |               |  |
| SBA President           |          | or        | SBA Treasurer |  |