

EXPENSE REIMBURSEMENT REQUEST FORM

Date submitted: _____

Submitted by: _____

Phone: _____

Make check payable to:

Name: _____

Address (required): _____

Delivery: Mark which applies:

- _____ Send directly to payee
- _____ Send to person submitting this request
- _____ Hold at SNUUC for pick by: _____

Describe each expense and its purpose.	Committee/ budget category to charge	Amount

**Please remember to attach receipts for each item. Keep a copy for your committee's records.
 Place signed form/receipts in the RED Folder in the vertical file on the credenza in the SNUUC office.**

Authorized by: _____ (Committee Chair)
 (If signer is not the Committee Chair, please state role.)

On date: _____