

PAYMENT OR REIMBURSEMENT FORM

Chapter, Club or Network Name: _____ Date: _____

PAYBLE, VENDOR & INVOICE INFORMATION (Fill out and submit within 15 days of invoice date)

Check Payable: _____

Address: _____

City, State, Zip: _____

Vendor Name: _____

Address: _____

City, State, Zip: _____

Invoice Date: _____ Invoice Number: _____ Invoice Amount: \$ _____

Check distribution Instructions: (Check one, US mail is the default choice)

US mail Pick up at Alumni Association Office

Person picking up check: _____ Cell phone (must list): _____

DESCRIPTION

Event: _____ Location: _____ Date: _____

Description: _____

JUSTIFICATION

Purpose (How do expenditure benefit your mission and/or purpose?) _____

Names of all persons in attendance (Attach list if necessary):

• *If reimbursement is for an event, a list of attendees must be attached with this form.*

- | | | |
|-----------|-----------|-----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |
| 7. _____ | 8. _____ | 9. _____ |
| 10. _____ | 11. _____ | 12. _____ |

ACCOUNT SIGNER AUTHORIZATION

• *An individual cannot prepare and sign their own reimbursement form.*

• *A second signer is needed for any reimbursement over \$250. (Requires three people to submit).*

Prepared By: _____ Printed Name: _____ Date: _____

Approved By: _____ Printed Name: _____ Date: _____

Approved By: _____ Printed Name: _____ Date: _____

Please staple all receipts and background information to this form.