

# Event Reimbursement Request

All expenditures must be authorized by the Event Coordinator or the Service Unit Director. Please make sure that all items purchased are tax exempt. Attach a copy of receipt to this form.

Event: \_\_\_\_\_ Date: \_\_\_\_\_

Event Coordinator(s): \_\_\_\_\_

Descriptions of items purchased:

Cost:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Amount to be reimbursed:**

\_\_\_\_\_

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

Mail check to: \_\_\_\_\_

(Checks will be available at the next SU meeting after the reimbursement request is turned in. If this is a summer event, checks will be mailed.)

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SU Event Director signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR

SUD signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date completed: \_\_\_\_\_ Check #: \_\_\_\_\_

Treasure signature: \_\_\_\_\_ Date: \_\_\_\_\_