

CHAPMAN UNIVERSITY SCHOOL OF LAW

SBA Expense Reimbursement 2017-2018 (Other than Travel)

Person To Be Reimbursed

Club To Be Reimbursed

NAME: _____
 SIGNATURE: _____
 ADDRESS: _____

 STUDENT ID: _____
 E-MAIL: _____

NAME OF CLUB: _____
 PRESIDENT SIGNATURE: _____

 2ND OFFICER SIGNATURE: _____
 # OF ATTENDEES: _____
 BUDGET REMAINING (PRIOR TO EVENT) \$ _____

DEPT./OBJ.	ACCOUNT	DATE	DESCRIPTION OF EVENT	TOTAL EXPENSES
3060-69500				

Mail Check ___ Pick Up ___ (Call Kelly Farano @ X2693 for Pickup)

TOTAL EXPENSES: _____
 LESS ADVANCED: _____
 AMOUNT DUE: _____

Signatures

<i>Business Manager</i>	<i>Print</i>	<i>Date</i>
<i>SBA President</i>	<i>Print</i>	<i>Date</i>
<i>SBA Treasurer</i>	<i>Print</i>	<i>Date</i>
<i>SBA Vice President/Secretary/Parlementarian</i>	<i>Print</i>	<i>Date</i>

<i>SBA Treasurer Use Only</i>
<i>Date Received</i>
<i>Date Filed</i>
<i>Control Number</i>

*Please include all ORIGINAL receipts for purchases along with reimbursement form

**If you request reimbursement for food purchased for a general meeting, etc. you MUST include a sign-in sheet or a typed list of the names of all persons in attendance