

Date Submitted: _____

STUDENT ACTIVITY FEE - REIMBURSEMENT REQUEST FORM

(Please attach receipts to this form.)

Checks will be made out in the name of the Student Organization.

1. Name of Organization (No abbreviations): _____
2. Name of person who will cash/deposit the check (if applicable): _____ Phone: _____
3. Person to contact when check is ready: _____ Phone: _____
4. Should these funds be transferred directly into your organization's university agency account?
____ YES ____ NO If yes, university account #: _____
5. Do you want the check to be mailed to your MTSU On-campus post office box?
____ YES ____ NO If yes, MTSU Box #: _____

6. SUMMARY OF EXPENSES:

Briefly describe the event or purchase for which you are requesting reimbursement:

<u>Type of Expense</u>	<u>Amount to be reimbursed*</u>	<u>Amount Allocated</u>
Registration	_____	_____
Lodging	_____	_____
Travel	_____	_____
Equipment Purchase	_____	_____
Equipment/Facility Rental	_____	_____
Production Cost	_____	_____
Honorarium/Performance Fee	_____	_____
Advertising and Promotion	_____	_____
Food	_____	_____
Supplies	_____	_____
Postage	_____	_____
Other (_____ _____)	_____	_____
TOTAL AMT. REQUESTED:	\$ _____	\$ _____

***If amount to be reimbursed is more than amount allocated, you must receive approval from the Director Leadership & Service before reimbursement is made.**

REQUESTS GENERALLY TAKE ONE TO TWO WEEKS TO PROCESS.