

# ASUCH Allocated Reimbursement Request Form

## Instructions:

1. Fill out this form as COMPLETELY AS POSSIBLE.
2. IMPORTANT!!! Please tape the **ORIGINAL ITEMIZED** receipt(s) to a sheet of paper.
3. Make and retain copies of the receipt sheet AND this form for yourself. (optional)
4. Staple or clip ORIGINAL receipt sheet to this form.
5. Drop your request at the Student Information Center (SIC) to Nicholas Raimondo, ASUCH Treasurer
6. Notify ASUCH Treasurer via email that you have SIC-dropped a reimbursement request - [treas@uchastings.edu](mailto:treas@uchastings.edu).

*Request will be reimbursed only up to the amount allocated to your organization through funding requests to ASUCH.*

Check Payable to: _____	Payee's Student ID# : _____
Payee's Address: _____	Date of Activity: _____
Amount to be paid: \$ _____	

## DESCRIPTION OF ACTIVITY:

These funds represent charges against the following line items of our budget:

Name of Student Organization: \_\_\_\_\_  
Event Title: \_\_\_\_\_  
Date of Event: \_\_\_\_\_

*Please itemize:*

Food & Beverage:	\$ _____
Stationary & Supplies:	\$ _____
Discretionary fund:	\$ _____
Miscellaneous:	\$ _____

=====

Total Receipts: \$ \_\_\_\_\_

**Total amount ASUCH approved for this event:** \$ \_\_\_\_\_

*I certify that I am authorized to request funds for this organization, that these expenditures were made for the uses specified above, and that these expenditures further the educational purpose of the organization:*

<hr/> <b>Requester</b> (PLEASE PRINT & SIGN)	<hr/> <b>Title</b>	<hr/> <b>Date</b>
Disposition of payment: (circle one)	E-Check      Mail	Pick up at Fiscal

**For ASUCH use only:**

Amount to charge to ASUCH Account # 65-84803-2150 \$ \_\_\_\_\_

\_\_\_\_\_  
**ASUCH President OR Treasurer**  
(PLEASE PRINT & SIGN)

\_\_\_\_\_  
Date