

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 Christian Urbano, ASUCH Treasurer.
6. Notify ASUCH Treasurer via email that you have SIC-dropped a reimbursement request - 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: \$ _____

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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:

Requester (PLEASE PRINT & SIGN)	Title	Date
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