

Financial Service Request – Reimbursement

To be returned to the Office of Alumni Relations.

Chapter Name: _____
Chapter Liaison: _____
Submitted By: _____
Email: _____

Reimburse an individual for expenses incurred on behalf of the chapter

Event name: _____
Event date: _____

Name of recipient: _____

Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
E-mail: _____

Total Reimbursement Amount: _____

Purpose of expense (*for note on account activity statement*):

***Please attach receipts -- you will not be reimbursed
without valid receipt showing payment.***

I verify all statements on this form are accurate to the best of my knowledge:

(Please sign)

Oracle ID (*for use by chapter liaison*):
