

Non-CMU Affiliate Reimbursement Request 2026-2027

Form must be submitted with receipts within 30 days of purchase.

Receipts submitted over 90 days are considered taxable income & may be subject to tax withholding

<p>SUBMIT ORIGINAL RECEIPTS WITH FORM:</p> <ul style="list-style-type: none"> Receipt must be itemized and show proof of payment If receipt does not show proof of payment you must also submit banking statements with payee name, vendor name & last four digits of card number or canceled check image (front & back) A bank/credit card statement by itself does not suffice as a receipt. 	<p>The reimbursee will receive an automated email:</p> <ul style="list-style-type: none"> Follow the emailed link and complete requested information. You will be asked how you'd like to receive the reimbursement and then provide remittance information. Failure to respond to email will delay reimbursement timeline or result in cancellation of reimbursement request.
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1.) ORGANIZATION INFORMATION (Please print clearly):

Organization name: _____

Authorized Signer name: _____

Authorized Signer signature: _____

Andrew ID: _____

Date: _____

AGENCY \$ _____

GIFT \$ _____

OTHER \$ _____

If Other, Indicate Account – crowdfunding, JFC Capital, etc

Line Item in JFC Budget

2.) NON-CMU AFFILIATE REIMBURSEE INFORMATION (Please print clearly):

Reimbursee's name *(Please use given or legal name):* _____

Email Address: _____

Reimbursee's Mailing Address: _____

Address Line _____

City, State, Zip _____

3.) PURCHASE DETAILS:

Detailed description of purchase (please provide who, what, when, where & business purpose for each receipt):

Please indicate if hazardous materials were purchased

Please indicate if gift or prizes purchased

Number of people attending *(Necessary if purchase involves food or beverages. If 5 or fewer people attended, include first and last names.):*

Date of Oldest Receipt *(if older than 90 days, attach W-9 or W-8/FNIF if international see front desk for forms)* _____

REIMBURSEMENT AMOUNT \$: _____

indicate if reimbursed amount is less than receipt total