

Student Expense Reimbursement Request 2020-2021

Form must be submitted within 30 days of purchase. Receipts submitted over 90 days are considered taxable income & require additional paperwork.

SUBMIT ORIGINAL RECEIPTS WITH FORM:

- 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.

If you are not employed by CMU, you will receive an automated email:

- Follow emailed link and complete requested information
If electronic payment is requested, banking information can be provided. Note, banking info will not be necessary on subsequent reimbursement requests.
- Failure to respond to email will delay reimbursement timeline or result in cancellation of reimbursement request .

1.) ORGANIZATION INFORMATION (Please print clearly):

Date: _____

Organization/Account name: _____

ORG \$ _____

Approver name: _____

GIFT \$ _____

Approver signature: _____

OTHER \$ _____

Approver Andrew ID: _____

Approver will be Authorized Signer for the Greek chapter or student organization

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

2.) REIMBURSEE INFORMATION (Please print clearly):

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

Are you a current CMU student? Yes No

**Andrew ID/
Email Address:** _____

Do you work or have you worked for the university? (RA, desk attendant, etc.) Yes No

Reimbursee's Mailing Address or SMC:

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) _____

SLICE Van Used?

Rental Vehicle Used?

REIMBURSEMENT AMOUNT \$: _____

Staff Use Only

indicate if reimbursed amount is less than receipt total