

# Reimbursement Request Form

Make sure all receipts are signed by the person to be reimbursed, a club officer and your club advisor. Attach the receipts to this form or tape them to a separate sheet of paper and staple to this form.

Club Name: \_\_\_\_\_

Person to be reimbursed: \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail address: \_\_\_\_\_

Item(s) purchased and reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Club Approval:

Amount: \_\_\_\_\_ Club Funds: \_\_\_\_\_ SPAR Funds: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

Club Officer's Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

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## SPAR Office Use Only:

SPAR Liaison: \_\_\_\_\_ Date: \_\_\_\_\_

Club Account Number: \_\_\_\_\_ SPAR Act. #: \_\_\_\_\_

Processed by SPAR Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

Copies:            Original - Accounting    Yellow - SPAR    Pink - Club