

**ACTIVITIES REIMBURSEMENT FORM:**

Date Submitted: \_\_\_\_\_  
Name of Requester/Payee: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Ticket # \_\_\_\_\_  
Index#: \_\_\_\_\_  
Date Issued: \_\_\_\_\_

PID: \_\_\_\_\_

Date of Event: \_\_\_\_\_ email: \_\_\_\_\_

Organization Sponsoring Event: \_\_\_\_\_

Name/Purpose of Event: \_\_\_\_\_ Event Location: \_\_\_\_\_

Description of Expenses: \_\_\_\_\_

Number of Participants: \_\_\_\_\_ (Attendee List must be attached)

Amount Due: \_\_\_\_\_ Staff Advisor's Initials: \_\_\_\_\_

\*Did you receive funding in addition to your annual MCC allocation? (please mark one)  Yes  No

If you marked yes, please fill out the supplementary multi - organization reimbursement form.

\*Is this event sponsored by more than one student organization? (please mark one)  Yes  No

If you marked yes, please list: 1. \_\_\_\_\_ 2. \_\_\_\_\_

**NOTE: All receipts are due within one working day of the date of the event and must only contain purchases DIRECTLY RELATED to the event. We can only reimburse for the exact amount on the receipt. All receipts must be Taped Flat to either this form or a blank sheet of WHITE paper and paper clipped to this form. NO STAPLES PLEASE**