

Southeast Missouri State



University

Department of Recreation Services

Sport Clubs

REIMBURSEMENT FORM

In addition to this form, an expense report must be completed by the Coordinator of Sport Clubs and Intramural Sports and the individual seeking reimbursement must sign and date the document to verify the expenses.

Club: _____ Club Event: _____

Date of Event: ____ / ____ / ____ Reason for Reimbursement: _____

Individual: _____ Banner ID #: S O _____

Signature: _____ Date: ____ / ____ / ____

Local Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Check One: *Pick-Up: ____ Deliver by Mail to: Permanent Home ____ (address below)

Address: _____ City: _____ State: ____ Zip: _____

*Pick-Up can be done at the Cashier's Office in Academic Hall (Basement).

NOTE: Anticipate 3-4 weeks for reimbursement once EXPENSE REPORT has been verified.