

Residence Housing Association Reimbursement Request

The Vice President of Records requires that this form be filled out each time money is requested. This form **MUST** accompany all receipts within two weeks of purchase. Failure to do so will result in no reimbursement.

Name: _____ Date: _____

Write Check to: _____

In the amount of: \$ _____ Date needed by: _____

Reason for expenditure:

The total can be broken down into the following individual expenses:

The above information is true to the best of my knowledge.

Signature: _____ Date: _____

Officer Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

For Administrative Use Only.	
Check Number:	Date Issued:
Budget Line Item(s) Affected:	Amount of check:

If you have any questions regarding this form or the reimbursement process please contact VP of Records at rha.vpfinance@gmail.com