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