

FOR OFFICE USE ONLY
Received By: _____
Date: _____
Sent To: _____

CLAIM FOR REIMBURSEMENT

NAME OF ORGANIZATION: _____ **Date:** _____
Requester Name: _____ **OASIS:** _____
Requester Address: _____
Phone Number: _____ **SSN:** _____
Requester Signature: _____

REIMBURSEMENT TOTAL

Fundraising \$ _____ SOC* \$ _____ FAR* \$ _____ SGA* \$ _____

***You must attach a copy of approved Proposal**

Reason for Purchases: _____

Organization's President

Name Signature Email

Advisor

Name Signature Date

You must attach all original receipts. Receipts must be itemized. Credit card signature slips with only the total indicated will not be accepted.

Student Engagement will not reimburse:

- Gas
- Illinois Sales tax
- Gratuity that exceed \$5 dollars
- Prescription/Non-Prescription Drugs
- Receipts that include alcohol purchases

All Claims for Reimbursement must be received by Student Engagement
no later than 10 business days from the day of the expenses.

FOR OFFICE USE ONLY
Received by: _____ Date Reviewed: _____ Approved Denied
Voucher completed by: _____ Voucher completion date: _____

COMPLETE A GRID FOR EACH VENDOR

Payee Name _____			FEIN / SSN: _____		
Payee Address _____			Phone: _____		
Delivery Date: _____		Time: _____	Location: _____		
Qty	Item #	Description	Unit Price	Fees	Total
Columbia College Chicago is a tax exempt institution					Total

Payee Name _____			FEIN / SSN: _____		
Payee Address _____			Phone: _____		
Delivery Date: _____		Time: _____	Location: _____		
Qty	Item #	Description	Unit Price	Fees	Total
Columbia College Chicago is a tax exempt institution					Total

Payee Name _____			FEIN / SSN: _____		
Payee Address _____			Phone: _____		
Delivery Date: _____		Time: _____	Location: _____		
Qty	Item #	Description	Unit Price	Fees	Total
Columbia College Chicago is a tax exempt institution					Total

Grand Total