

# NEWMAN STUDENTS' SOCIETY

## REIMBURSEMENT REQUEST

Date: \_\_\_\_\_

### CLAIMANT

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

### EXPENSE

Date: \_\_\_\_\_

Is the date of filing within three months after the date of the expense?  Yes  No

If the expense took place between June and December inclusive, is the date of filing prior to December 31<sup>st</sup> of that year?  Yes  No

If the expense took place between January and May inclusive, is the date of filing prior to May 31<sup>st</sup> of that year?  Yes  No

Description: \_\_\_\_\_

\_\_\_\_\_

Amount: \_\_\_\_\_

Are all **original** receipts stapled to this form?  Yes  No

If not, please explain briefly: \_\_\_\_\_

\_\_\_\_\_

Are all receipts clearly labeled with the claimant's name and date?  Yes  No

Have all total amounts on the receipts been circled?  Yes  No

Has the claimant made copies of receipts for personal records? (*optional*)  Yes  No

*I represent and warrant that the information contained in this request is true and accurate.*

**X**

\_\_\_\_\_

### OFFICE USE ONLY

Receipt date: \_\_\_\_\_ Liability #: \_\_\_\_\_ Notes: \_\_\_\_\_

Payment date: \_\_\_\_\_ Payment #: \_\_\_\_\_ Amount paid: \_\_\_\_\_ Initials: \_\_\_\_\_