

Student Reimbursement Form



- Please enter all requested information excluding information in sections marked "For Office Use"
- Attach corresponding invoices or itemized/original receipts
- If you are being reimbursed for personalized t-shirts, mugs, etc., you must attached the design approval email
- When completed, please print and bring to the office of University Student Affairs/COMP-Northwest Student Affairs
- You will receive an email when the direct deposit has been processed or when your check is ready for pick up
- Direct deposits will be posted to your personal bank account in approximately one week
- Receipts should be submitted within 10 days of the purchase. Travel receipts within 30 days of travel (and by June 15th)

PAYER INFORMATION

Pay from –or– Transfer from:

Class/Club Name: Fund #

PAYEE INFORMATION

Pay to (Print Name of Company or Individual):

Address

City State Zip Code

Telephone Student ID# @ (Required if funds are payable to a student)

Transfer to Class/Club (Print Name): Fund #

Please process my reimbursement as: Direct Deposit (Preferred) OR Check Mail Check to Payee (address must be provided)
 Return Check to University Student Affairs (California)
 Return check to COMP-NW Student Affairs (Oregon)

Event/Guest Speaker Name: Date:

Description of Purchase/Reason for Transfer	Amount
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Total Spent: <input style="width: 100px;" type="text"/>	
Total to be Reimbursed: <input style="width: 100px;" type="text"/>	

Signatures

I hereby certify that the above goods, services or expenses have been received, rendered or incurred to my satisfaction. Invoice(s) and/or itemized original receipt(s) are attached.

Signature of Club/Class President _____ Print Name _____ Date _____

Signature of Club/Class Treasurer _____ Print Name _____ Date _____

FOR OFFICE USE

Pay/Transfer from Account Name	Fund	4099	70850	40	\$	Prior Account Balance	Date
		4099	70850	40	\$		
Transfer to Account Name	Fund	Org	Account	Program		Prior Account Balance	Date
				Travel Only:			
Signature of USA/COMP-Northwest Student Affairs Representative				Date		Date Student Travel Notification Form Approved	