

<p>FOR OFFICE USE ONLY Received By: _____ Date: _____ Sent To: _____</p>
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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	Date	Email
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Advisor

Name	Signature	Date	Email
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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.

Received by: _____ Voucher completed by: _____	<p>FOR OFFICE USE ONLY</p> Date Reviewed: _____ Voucher completion date: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
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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