

**STUDENT ACTIVITIES**

University Center Suite 103  
Phone: 412-268-8704 | Fax: 412-268-5938  
www.cmu.edu/studentactivities

**Request for Reimbursement 2011-2012**

This form should be used to request reimbursement for purchases made by an individual using their own personal funds for official University purposes within **30 days of purchase date**. *Note: If receipts are not submitted within 90 days of purchase, then reimbursement amount will be considered taxable income.* In order to make sure your reimbursement request is processed efficiently, please make sure you observe the following guidelines:

- |  |   |
|--|---|
| <p><b>1. Attach original receipt(s) or proof of purchase</b></p> <ul style="list-style-type: none"> <li>• credit card / cash register receipts</li> <li>• checking / credit statements (with name visible &amp; last four digits of card number)</li> <li>• paid invoices or payment confirmation pages</li> <li>• printed check images</li> </ul> | <p><b>2. Receipts must be taped to 8.5 X 11" piece of paper.</b></p> <ul style="list-style-type: none"> <li>• More than one receipt can be attached to this form for the same person. Recycled scrap paper is available in Student Activities (please use blank side of scrap paper).</li> </ul> <p><b>3. Please paperclip receipt pages to Reimbursement Form.</b></p> <ul style="list-style-type: none"> <li>• Do not use staples!</li> </ul> |
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- **Reimbursement checks will typically be received 4 to 6 weeks after submission.** Checks will be mailed to the address provided on this form or held for pickup (if requested) at Cash Operations (Warner Hall LL).
- **Note:** Reimbursements for **GIFTS/AWARDS/PRIZES** require additional paperwork. Please contact Student Activities to obtain the necessary forms. Reimbursement requests cannot be processed until all paperwork is received.

**1.) ORGANIZATION INFORMATION (Please print clearly):**

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

**Organization/Account name:** CMU Explorers Club

**Account type:**  ORG \$ \_\_\_\_\_

**Authorized signer's name:** Laura Lindzey

GIFT \$ \_\_\_\_\_

**Authorized signer's signature:** \_\_\_\_\_

**Andrew ID:** llindzey

**2.) REIMBURSEE INFORMATION (Please print clearly):**

Carnegie Mellon Student     Carnegie Mellon Employee     Private Individual: \_\_\_\_\_  
(please state relationship to organization)

**Reimbursee's name:** \_\_\_\_\_ **Reimbursee's signature:** \_\_\_\_\_

*Please use reimburse given or legal name*

**Reimbursee's Andrew ID/Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Complete Mailing Address or SMC:** \_\_\_\_\_

Address Line 1

Address Line 2

City, State, Zip

**3.) PURCHASE DETAILS:**

**Detailed description of purchase (please provide who, what, when, where & business purpose for each receipt):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Number of people attending** (Necessary if purchase involves food or beverages. If 5 or fewer people attended, include first and last names.): \_\_\_\_\_

**REIMBURSEMENT AMOUNT \$:**

Please indicate if reimbursed amount is less than receipt total

**PLEASE CHECK BOX (IF APPLICABLE)**

GIFTS/AWARDS/PRIZES under \$75

GIFTS/AWARDS/PRIZES over \$75

*Please make sure to talk to a staff member regarding the additional paperwork needed for these types of purchases.*