



Reimbursement Request Form



Each event must have a separate Reimbursement Request Form. This form must be submitted by 12:00 noon on Friday. Checks will generally be available the following Wednesday.

Student Organization: _____

Event Name: _____ **Event Date:** _____

Period Funding Received: _____ **Contact Name:** _____

Contact Phone: _____ **Contact E-mail:** _____ @marquette.edu

Items to Reimburse: _____ **Amount:** \$ _____

_____ **Amount:** \$ _____

_____ **Amount:** \$ _____

Total: \$ _____

MUSG can only reimburse events and items that have been previously approved. MUSG reserves the right to deny payment for failure to abide by this policy.

An original receipt, invoice or contract **must** be attached to this form in order for it to be considered complete.

A copy of publicity for all student organization-sponsored events must be attached in order to be reimbursed. This publicity must include "Supported by the MUSG Student Activity Fee."

Method of Payment:

Check only one box. **Please see instructions on the reverse side of this form.**

- Check payable to a student organization.**
- Check payable to a member of a student organization.**
- Check payable directly to an outside vendor or individual.**
- Transfer funds to a university account.**

I have read and understand the terms and conditions for requesting funding and being refunded for expenses by MUSG. I agree to abide by these rules and understand that non-compliance will result in a denial of funds. By signing this form, I also certify that it is the student organization's responsibility to pay any obligations indicated on the attached receipts, invoices, or contracts. It is also the responsibility of the organization to meet any tax reporting obligations resulting from these expenditures.

Signature of President or Treasurer _____ **Date**

Print Name

REMEMBER:

SIGN ABOVE, FLIP OVER TO COMPLETE REQUEST

For Office Use Only:

Date Received: _____ Recipient: _____ Date Processed: _____ Check No. _____

Amount:	Account:	Description:
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

MUSG Financial Vice President: _____ Date: _____

Dean of Student Development or Designee: _____ Date: _____

Comptroller Official: _____ Date: _____

Please complete the following section that corresponds with the method of payment selected on the reverse side of this form. All proper documentation must be attached in order for your request to be processed.

Check Payable to a Student Organization or Member of a Student Organization:

A separate reimbursement request form must be completed for each individual who paid for expenses. MUSG can only make checks payable to the individuals or organizations that paid for expenses. Please attach a copy of all receipts or invoices. In addition, attach proof of payment, such as an original receipt, a copy of a cancelled check, bank statement, or credit card statement. Please complete the information below.

Pay to the Order of:	_____
Address:	_____

Hold check for pick-up in the MUSG office.

Mail check to address listed above.

Check Payable to an Outside Vendor or Individual:

Please attach a copy of all receipts or invoices and a completed W-9 form. For contracts to be paid directly by MUSG (for entertainers, performers, bands, speakers, etc.), a Marquette contract must be signed. Contact Jon Dooley in the Office of Student Development (288-5174) at least three weeks prior to your event to make arrangements. In addition, a W-9 form and fully executed contract with rider, if applicable, must be attached. The check will be made payable and mailed to the address indicated below, which must also appear on the on the executed contract and/or W-9 form.

Pay to the Order of:	_____
Address:	_____

Transfer of Funds to a University Account:

Please attach a copy of all receipts or invoices. Funds cannot be transferred to personal or student organization savings or checking accounts.

Name of University Department:	_____
Department Account Number:	_____
Name of Authorized Signature:	_____