

## REQUEST FOR REIMBURSEMENT FORM

***THIS FORM MUST BE SIGNED BY THE APPROPRIATE STUDENT BAR ASSOCIATION PRESIDENT OR TREASURER. Not valid without one of these signatures.***

**SUBMIT THIS FORM TO: SBA PRESIDENT OR TREASURER for approval**

**DATE:** \_\_\_\_\_

**REIMBURSEMENT REQUESTED BY (NAME):** \_\_\_\_\_

**SBA ORGANIZATION NAME:** \_\_\_\_\_

**SBA ORGANIZATION ACCOUNT NUMBER:** \_\_\_\_\_

**AMOUNT OF REIMBURSEMENT: \$** \_\_\_\_\_

**DESCRIPTION OF GOODS/SERVICES FOR WHICH REIMBURSEMENT IS BEING REQUESTED. Attach all original receipts of purchases.**

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

**NOTE: If check is for payment of an honorarium, a completed W-9 Form must be attached.**

**CHECK TO BE ISSUED TO (NAME):** \_\_\_\_\_

**CWID #:** \_\_\_\_\_ **(MUST be included in order to be reimbursed.)**

**HOME ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

### **APPROVALS:**

\_\_\_\_\_  
**SBA President or Treasurer**

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
**Assistant Vice President for Administration & Finance**

**DATE:** \_\_\_\_\_