

# Student Reimbursement Form



**Western University**  
OF HEALTH SCIENCES

- **Original and itemized** receipts are required for all reimbursements
- Attach approval e-mail if requesting reimbursement for personalized (logo) t-shirts, mugs, etc.
- Payee will receive an email when the direct deposit has been processed or when your check is ready
- Direct deposits will post to your personal bank account in approximately one week
- Reimbursement requests should be submitted within 10 days of the purchase; travel reimbursements within 30 days of travel or by June 15<sup>th</sup>

## PAYER INFORMATION

**Class/Club Name:**  **Fund #**

## PAYEE INFORMATION

**Pay OR Transfer to:**

**Fund # (Required if requesting a transfer):**

**Address**

**City**  **State**  **Zip Code**

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

- 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

**Reminder! Attach Original & Itemized Receipts!**

Total Spent:

Total to be reimbursed if different from total spent:

### 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.

\_\_\_\_\_  
Club/Class President or Off-Campus Class Rep 1 Print Name Date

\_\_\_\_\_  
Club/Class Treasurer or Off-Campus Class Rep 2 Print Name Date

## WHERE TO SUBMIT THIS FORM

Submit this completed form and receipts to the Office of University Student Affairs (USA) in SSC, Room 101, or to COMP-Northwest Student Affairs.

## FOR OFFICE USE ONLY

	4099	70850	40	\$	
Pay/Transfer from Account Number	Fund	Org	Account	Program	Prior Account Balance    Date
	4099	70899	40		
Transfer to Account Number	Fund	Org	Account	Program	
				<b>Travel Only:</b>	
Signature of USA/COMP-Northwest Student Affairs Representative			Date	Date Student Travel Notification Form Approved	