

Reimbursement Request
For Entertainment of Advisees

Name/s of Adviser/s involved _____

Department _____ Date of Activity _____

Type of Activity _____

Number of Advisees in attendance _____

Submit names of students or receipts for expenses. (Student names may be included on back of this page.)

Amount allowed per advisee: \$3.50 Total Reimbursement request \$ _____

If department is to be credited, please supply account number _____

Signature of Claimant

Date:

Submit to the Academic Advising office.

Office Use only:

Charge to Account #: _____

Amount to be charged: \$ _____

Credit Account #: _____

or

Send Check to : _____

Print Name

Department

Authorized by:

Signature

Please note: This fund is limited and designed to assist advisers in entertaining their advisees. This is **not** to be used to fund club functions. Funds are available for one activity per quarter in addition to the Departmental Supper during the week of JumpStart.