

ACCOUNT

ACTIVITY

**AMOUNT** 

INDEX

	ZATION REIMBURS		(Format to use with i	NNER INV NO:	
EOU EMPLOYEE STUDENT OTHER			Club/Organization Name:		
			Club/Org Index:		
Name EOU ID#			Department		
Address (list the physic	al address where the check	is to be mailed to, listing "m	ail to home" is unaccept	table)	
City, State, Zip			Mailed	To Cashier	Direct Deposit
			f Expenditures	_	
Date	Vendor Name, 0	City, and State	Item Purchas	ed	Amount
			Total to be Reir	mbursed \$	
BUSINESS PURP	OSE REQUIRED:				
paid directly by me, and the that I will be responsible fo double reimbursed or paid inaccurate.	nowledge that the above expen- at they have not been reimburse or repaying EOU in the event that by another party or if this reimb	ed by any other source. I unders it any of these expenditures are ursement amount is improper o	stand	gnature	Date
I certify that the expense it allowance of the departme	emized above is necessary and int.	in accordance with the budget	Department A	Annroval	Date
Advisor's Signature	Date:		Department	ηρριοναι	

## INSTRUCTIONS

- 1. Attach ORIGINAL receipt for each expenditure listed. Charge slips to personal charge accounts ARE NOT ACCEPTABLE.

  2. The reimbursement request must be signed by the Claimant and their EOU I.D. numbers must be listed in the appropriate sections.

  3. Sulpoit to Student Involvement Lights 204
- 3. Submit to Student Involvement, Hoke 204.