



## Request for Reimbursement

This form, along with original receipts may be submitted to request reimbursement for approved travel expenses, supplies or equipment. Requests received by Noon on Tuesday will be processed immediately and a check will be issued by 3 pm on Friday (schedule may be interrupted due to holidays).

Date: \_\_\_\_\_

Club: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Deduct funds from (choose one): \_\_\_\_\_ *Primary Account* \_\_\_\_\_ *Secondary Account*

\_\_\_\_\_ Please mail the check to the above address.

\_\_\_\_\_ Please place the check in the club's mailbox located in the SERC office suite.

**Supply/Equipment Reimbursement** *(reimbursement will only be approved if items were approved in advance):*

Total: \$ \_\_\_\_\_

**Registration or League Fees** *(reimbursement will only be approved if original receipt is submitted):*

Total: \$ \_\_\_\_\_

**Travel Reimbursement** *(for approved travel; a copy of the travel approval e-mail must be submitted with this form to receive reimbursement in a timely manner):*

Mileage: \_\_\_\_\_ mi. x \$.40 = \$ \_\_\_\_\_

Tolls: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

### For Office Use Only

Authorized Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_