Student Organization
Request For Reimbursement

Purpose: This form is used by a student organization member or advisor who needs reimbursed for a purchase made on behalf of a student organization. This form is not to be used to pay an invoice to a business or pay for services rendered; use a Check Request Form instead.

Purchases From a Single Vendor Over $1,000: Purchases of this nature require a purchase order BEFORE the purchase is made; requests for reimbursement for purchases over $1,000 from a single vendor will be denied.

Proof of Purchase: Acceptable proof of purchase documentation is an original receipt, invoice, email, etc. that includes at least the date of purchase, vendor name, and itemized costs or charges. If the receipt is for a meal purchase at a restaurant or similar establishment, include the names of all persons attending.

Where to Submit the Form: Submit the completed form to the student organization treasurer along with proof of purchase documentation.

Treasurer: Attach this form and accompanying documentation to a completed Check Request Form, and submit to the Student Activities Office, 102 Student Center; in cases involving a USG budget account number, submit the completed form to the Office of Student Affairs, 715 Student Center.

Processing Time: Completed Check Request forms with all required signatures submitted to the Business Office by Friday afternoon will result in a check being available on the following Wednesday.

PAYEE INFORMATION

Name on the Check ___________________________ Student ID ___________________________

Phone Number/Ext. ___________________________ Email Address ___________________________ @pointpark.edu

Mailing Address (Required for all requests) ___________________________

City ___________________________ State ___________________________ Zip ___________________________

Choose One: ☐ Mail check to me ☐ I will pick up check when it’s ready

***If you request to pick up a check, you will be notified via Point Park email when it is available***

***Checks not picked up within 10 days of notification will be mailed to the address above***

PURCHASE INFORMATION

Total Amount of Receipts Attached $ ___________.

Name of Student Organization ___________________________

Name of Event or Reason for Purchase ___________________________

Description of Purchase or Services ___________________________

**REMEMBER TO ATTACH PROOF OF PURCHASE**

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