Student Senate/RAD Club

Expense Reimbursement or Payment Form

ALL RECEIPTS/INVOICES MUST BE ATTACHED TO THIS FORM

Please allow 3-5 business days to process any requests.

Please check which organization/club this request is for:

	Student Senate	RAD Clul	o
Request Date:			
Person Requesting:			
Who to Reimburse/Pay:			
Event/Reason for check:			
temized List of Receipts/	Invoices (use back if	you need additional	space):
Items Purchased		Purchased From	\$ Amount
			TOTAL
Student Senate/RAD Club	President or Treasur	er approval:	
Name:	Signature:		Date:
Advisor/Lead Approval:			
Name:	Signature:		Date:
For Campus Coordinator I	Jse Only:		,
Date Check Issued:	Amou	nt:	Check #