

# WesternU Alumni Association Reimbursement Form



Alumni Association

- Please enter all requested information legibly
- Attach corresponding paid invoices or receipts
- When completed, please return to the Alumni Office
- Please allow approximately two weeks for processing and payment

## Payee Information

Transfer funds to Club/Class Account (FOAPAL: \_\_\_\_\_)

Reimburse the individual listed below by...

DIRECT DEPOSIT – Deposit reimbursement into the individual’s personal bank account on file with WesternU

CHECK – Issue reimbursement by check for the individual to pick up from the Business Office

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_ Student ID# \_\_\_\_\_

## Event/Activity Information

Club/Class Name \_\_\_\_\_

Event/Activity \_\_\_\_\_ Date \_\_\_\_\_

Description of Purchase(s)	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total (must add up to at least the amount for which you wish to be reimbursed) \_\_\_\_\_

## Signatures

I hereby certify that the above goods, services or expenses have been received, rendered or incurred to my satisfaction. Invoice(s) and/or receipt(s) are attached.

Signature of Individual Payee (if applicable) \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Club/Class President \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Club/Class Treasurer \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Club/Class Advisor or USA Representative \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_