Reimbursement Request

For Entertainment of Advisees

Name/s of Adviser/s involved

Department ___________________________ Date of Activity __________________________

Type of Activity ________________________________________________________________

Number of Advisees in attendance ________________________________________________

Submit names of students or receipts for expenses. (Student names may be included on back of this page.)

Amount allowed per advisee: $3.50        Total Reimbursement request $ _________________

If department is to be credited, please supply account number __________________________

Signature of Claimant __________________________ Date: ____________________________

Submit to the Academic Advising office.

Office Use only:

Charge to Account #: _____________________________________________________________

Amount to be charged: $ __________________________

Credit Account #: _______________________________________________________________

or

Send Check to: __________________________

PrintName __________________________ Department __________________________

Authorized by: __________________________

Signature __________________________

Please note: This fund is limited and designed to assist advisers in entertaining their advisees. This
is not to be used to fund club functions. Funds are available for one activity per quarter in addition to the Departmental
Supper during the week of JumpStart.