

Student Expense Reimbursement Form

Student Name: _____ Mustang ID#/Student ID#: _____

Address: _____

Class/Club Name: _____ Cost Center: _____

Date of Expense	Items Purchased/Reason for Expense	Amount	"X" here if a Receipt is Attached

I declare under the penalties of perjury that this claim is just and correct

Total to be Reimbursed: _____

Student signature: _____ Date: _____

Approved: Based on knowledge of the necessity for expenses and on the basis of compliance with all provisions of applicable regulations.



Advisor signature: _____ Date: _____

Business Office use only:

WD ID# _____

Process ID# _____

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