

# Student Expense Reimbursement Form

Student Name: \_\_\_\_\_ Mustang ID#/Student ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Club Name: \_\_\_\_\_ Cost Center: \_\_\_\_\_

**\*\*Please have your Advisor write "Ok to pay" and initial each submitted receipt.**

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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