



Officials Reimbursement Form

Date: _____

Club: _____

_____	_____	\$ _____	<input type="checkbox"/>
Print - Official receiving payment	Signature - Official receiving payment	amount	cash payment received

_____	_____	\$ _____	<input type="checkbox"/>
Print - Official receiving payment	Signature - Official receiving payment	amount	cash payment received

_____	_____	\$ _____	<input type="checkbox"/>
Print - Official receiving payment	Signature - Official receiving payment	amount	cash payment received

_____	_____	\$ _____
Print - Club Member to be reimbursed	Signature - Club Member to be reimbursed	total amount

_____ Student ID Number

Reimbursement checks will be mailed to the address provided. If the individual requesting the reimbursement is a current student employee, the check will be electronically deposited.

_____ Address Line 1

_____ Address Line 2

_____	_____	_____
City	State	Zip Code

Funding Source (please check one)

- Club Account
- Trust Account
- Other (please list) _____

**Please print clearly - Accounting Services will not process if the names are illegible*