CLUB FUNDING/REIMBURSEMENT REQUEST

Event Name: _____ Event Date: _____

Event Location: _____ Event Time: _____

Club Name: _____ Semester: ☐ F ☐ W ☐ S

Club Position: _____ Mailing address: _____

Signature: _____ **(required)** _____

Phone: (__ __ __) __ __ __ - __ __ __ __ _____

Email: _____

Please complete the information and the following procedures:

- ☐ Fill out information above to request funding or reimbursement for a club event or meeting.
- ☐ Fill out **'This side of budget should be filled out by club**' section, with the exception of the 'Receipt #'.
- ☐ Scan **FUNDING/REIMBURSEMENT REQUES**T form at CCSAI office to Club Liaison.
- ☐ Once form is completed and signatures are obtained, it will be reviewed for approval. *Please allow for 3 business days for approval. Club President will be emailed if the event has been approved or denied.*
- ☐ Once event has been approved, receipts must be submitted with copy of this form.
- ☐ Only **ORIGINAL** receipts will be accepted. No exceptions.
- ☐ If you have multiple receipts, # the receipts and indicate the receipt # in the appropriate column.
- ☐ **Reimbursements will only be made if the form is complete, has been pre-approved and original receipts have been submitted.**
- ☐ Please allow up to 2 weeks for reimbursements to be processed.

***This side to be filled in by the club**			***This side is for administrative use only**		
Description Please include all relevant details- ie. company names. Any quotes should also be submitted with budget.	Amount Requested	Receipt #	Amount Approved	Receipts Submitted	Amount Reimbursed
TOTAL	0.00				

*Please be advised that you are only approved for the amounts listed in the approved columns of the budget. Anything not listed on this budget **will not** be reimbursed. Clubs **will not** be reimbursed for any money they spend above and beyond that listed on the budget.*

Submitted by: _____
Name

_____ Date: ____/____/____
Position

Josh Sevilla
☐ Approved ☐ Name
Denied

Club Liaison Date: ____/____/____
Position