

ASUH Reimbursement Request Form

PLEASE PRINT OR TYPE ALL INFORMATION

FROM: _____
Name of Organization
_____ Name of Organization's Representative
Federal Tax I.D. _____
Mailing Address (# and street) _____
Mailing Address (# and street) _____ City _____ State _____ Zip _____
City _____ State _____ Zip _____ Phone Number/E-Mail Address _____

TO: Student Life and Development:

Please consider this as an official invoice to obtain reimbursements for expenses incurred and approved for (described goods, event, grant amount, etc.): _____

Please make check payable to (check **one** only):

Organization Organization's Representative Other Organization Member

Name: _____

Mailing Address (# and street): _____

City, State, Zip: _____

Is the payee employed by the University (check **one** only)?

YES NO

Employee: faculty or staff that work at UH or student employees that work at UH.

Non-employee: students not working as student employees such as stipend students and organization groups.

I certify that the payee has incurred these expenses on behalf of the organization for the purposes stated above.

Signature: Organization's Representative **Not the person being reimbursed.* _____ Date _____

(OFFICE USE ONLY)

Certification of Organization Representative

I certify that the signature above is a true representative of _____
Organization's Name
and is authorized to act on the organization's behalf.

S.L.D. Staff Representative Date