



ASUH

Associated Students of the University of Hawai'i

YOUR STUDENT GOVERNMENT

Research and Grad Test Prep Award Packet

Instructions on how to submit a packet for
reimbursement for Research and/or Grad Test Prep
Award Packet

Contact Us:

asuh@hawaii.edu

(808) 956-4822

Campus Center, Room 211A

Packet Submission Checklist(s)

RESEARCH AWARD

→ Forms:

- ☐ [WH-1/W-9 form](#) (WH-1 form for individuals, W-9 form for organizations)
- ☐ [Reimbursement Request form](#)

→ Other documents:

- ☐ [Receipt Log](#)
 - Itemized list
 - Tax is calculated
 - *Tip is not included in amount (if applicable)*
- ☐ Receipts w/ [Cover Sheet](#)
 - Payment type (check, credit/debit, cash)
 - Name of purchaser
 - Itemized list
 - Total amount
- ☐ [Clarifying line items form](#) (if necessary)
- ☐ Paid by cash? (*Don't need bank statement & card scan*)
- ☐ Card
 - Front scan
 - Only last 4 digits of card number shown
 - Name of account holder on card shown
 - **Apple Pay is NOT permitted for reimbursement**
- ☐ Bank Statement
 - Relevant purchases are highlighted
 - Name of account holder
 - Items are not pending
 - Sensitive information is redacted
- ☐ Check (*if applicable*)
 - Copy of check used for payment
 - Copy of bank statement
- ☐ [Purchased on behalf memo](#) (if applicable) (if you purchased items with someone else's card, the card holder needs to fill this out)
 - *[e.g.] If a club purchased a bento with Kamehameha's card, Kamehameha needs to submit a memo signed by him & a club representative. If the club uses a club card, no memo is needed.*

GRAD TEST PREP

→ Forms:

- ☐ [WH-1 Form](#)
- ☐ [Reimbursement Request Form](#)

→ Other documents:

- ☐ [Receipt Log](#)
 - Itemized list
 - Tax is calculated
 - *Tip is not included in amount (if applicable)*
- ☐ Receipts w/ [Cover Sheet](#)
 - Payment type (check, credit/debit, cash)
 - Name of purchaser
 - Itemized list
 - Total amount
- ☐ [Clarifying line items form](#) (if necessary)
- ☐ Paid by cash? (*Don't need bank statement & card scan*)
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 - **Apple Pay is NOT permitted for reimbursement**
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 - Items are not pending
 - Sensitive information is redacted
- ☐ Check (*if applicable*)
 - Copy of check used for payment
 - Copy of bank statement
- ☐ [Purchased on behalf memo](#) (if applicable) (if you purchased items with someone else's card, the card holder needs to fill this out)
 - *[e.g.] If a club purchased a bento with Kamehameha's card, Kamehameha needs to submit a memo signed by him & a club representative. If the club uses a club card, no memo is needed.*

ADDITIONAL REMINDERS & INSTRUCTIONS

Come visit us at Campus Center, Room 211A for assistance with your submission!

➡ **Purchase on Behalf Memo**

- Refer to the template memos to determine if this document applies to your submission

➡ **Course Memo**

- MUST be requested by course professor

➡ **Card Redaction**

- Redact CVV and Expiration date

➡ **Bank Statement Redaction**

- Redact all unnecessary information such as irrelevant purchases and balances
- Make sure that LAST FOUR digits of your bank account number is shown

➡ **Receipt Cover Sheet, Receipt Log & Clarifying Line Items Form**

- Each receipt must have a cover sheet
- Make multiple copies as necessary

➡ **Voided Check**

- *This document will only be submitted to the ASUH Office upon our request*
- Take a blank check from your check book
- Write the word VOID across it
- Make a copy of this check for your own records

ASUH RESEARCH/GRAD TEST PREP REIMBURSEMENT REQUEST FORM

To: ASUH / SLD

2465 Campus Road, Campus Center Room 211A

Phone: (808) 956-4822, Email: asuh@hawaii.edu

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number / Email Address: _____

Please make check payable to:

Name: _____

Mailing Address (# and street): _____

City, State, Zip: _____

These funds were awarded through: _____

I certify that I have incurred these expenses for the purposes stated in the following SCR (s):

Signature of (Awardee)

Date

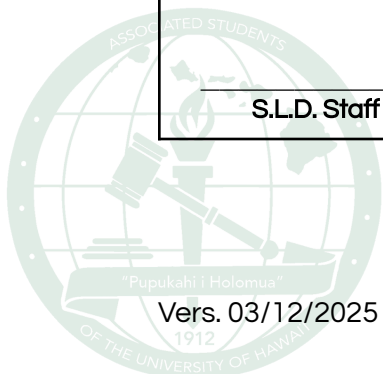
(OFFICE USE ONLY)

Certification of Organization Representative

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

S.L.D. Staff Representative

Date



Vers. 03/12/2025

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ASUH RECEIPT LOG FOR REIMBURSEMENT OF EXPENDITURES

RECEIPT # :

ITEM #	LINE ITEM	QTY	TOTAL	AMOUNT BEING REIMBURSED
TAX				
TOTAL				

RECEIPT # :

ITEM #	LINE ITEM	QTY	TOTAL	AMOUNT BEING REIMBURSED
TAX				
TOTAL				

Total Amount Requested for Reimbursement: \$ _____



ITEM #	LINE ITEM	QTY	TOTAL	AMOUNT BEING REIMBURSED
TAX				
TOTAL				

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ASUH RECEIPT COVER SHEET

INSERT RECEIPT HERE

Receipt #: _____

Vendor: _____

Date of Receipt: _____

Payment Method: _____

Last 4 digits of Card # (if applicable): _____

***Receipts must be ITEMIZED, show zero balance due, payment method & date of purchase. If such requirements are unable to be achieved, submit a completed Clarify Line Items Form.**



ASUH CLARIFYING LINE ITEMS FORM

Receipt #: _____

Name of Individual/Organization that purchased the item(s)

Name of Individual/Organization requesting reimbursement

Vendor	
Date of Receipt	
Amount being reimbursed from Receipt	

ITEM #	EXPLANATION	QTY	ITEM AMOUNT

Subtotal: _____

Tax: _____

Receipt Total: _____



ASUH PURCHASE ON BEHALF MEMO TEMPLATE MESSAGE

Date

To: Associated Students at the University of Hawaii

From:

To whom it may concern,

I, **(individual who purchased the item/s)**, purchased **(item/s)** on **(date)** for **(reason for purchase)**. My entire purchase came out to **(amount total)**. **(Organization requesting reimbursement)** has already reimbursed me **\$(amount total)** by cash. Please reimburse **(organization requesting reimbursement)** for the **(item/s)** amounting to **\$(amount total)**. If you have any concerns regarding this letter, please contact me at **(contact information)**.

(SIGNATURE)

Name of individual who purchased the item/s

(SIGNATURE)

Name of organization representative requesting reimbursement



ASUH PURCHASE ON BEHALF MEMO TEMPLATE MESSAGE

Date

To: Associated Students at the University of Hawaii

From:

To whom it may concern,

(Name of individual who purchased the item/s), purchased **(item/s)** on **(date)** for **(reason for purchase)**. Their entire purchase came out to **\$(amount total)**. Please reimburse **(name of individual who purchased the item/s)** for the **(item/s)** amounting to **\$(amount total)**. If you have any concerns regarding this letter, please contact me at **(contact information)**.

(SIGNATURE)

Name of individual who purchased the item/s

(SIGNATURE)

Name of organization representative



ASUH COURSE MEMO TEMPLATE MESSAGE

Date:

To: Associated Students at the University of Hawaii

From: (Professor or Department Head)

To whom it may concern,

This memo is to verify that (student's name) research project is a required assignment for (class name) in order to receive credit to graduate. You may contact me at (professor's number) or at (professor's UH email address) if you have any questions.

Sincerely,

(Professor or Department Head Name) and (Signature)

