# SCEF/Student CCE Reimbursement Request

Note: Please Submit One Form Per Event and All Receipts

**\*Required: Fill in all shaded fields.**

|  |  |  |  |
| --- | --- | --- | --- |
| Submitted by\*: |  | **Date Submitted\*:** |  |
| Payable to\*: |  |
| AC Email\*: |  |
|  |
| Description of Expense\*: |  |
|  |
| Activity or Event(if applicable)\*: |  |
| Date of Activity or Event\*: |  | **Number of Attendees:**(write N/A if not applicable) |  |
| Send Check To\*:AC Box or Address |  | Reimbursement Amount\*: |  |
| **For CCE Use Only** |
| Charge to: |  |
| Prepared by: |  | Date: |
| Approved by: |  | Date: |