Residential Life/Dean of Students
Expense Reimbursement Form

PRINT CLEARLY. All items must be filled out COMPLETELY in order for the reimbursed to be processed.

NAME: __________________________________________ ID #: __________ BOX #: __________

LIST OF RECEIPTS:

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SUBTOTAL $ ______

RES LIFE ACCOUNT(S) TO CHARGE:
Please specify the amount that should be charged to each account.

DORM(S): ___________________________ $ ______

THEME HOUSE: ________________________ $ ______

OTHER: ____________________________ $ ______

REASON FOR REIMBURSEMENT: ____________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

STAPLE ALL RECEIPTS TO THE BACK OF THIS FORM.

Signature of Person Completing Form __________________ Date __________

Signature of Theme House President* __________________ Date __________

*Signature of Theme House President required for all Theme House reimbursements