STUDENT GROUP EXPENSE REQUEST FORM
Washington University School of Law

PLEASE PRINT CLEARLY

Student Group Information:

_____
Group Name

_____
Contact Person   Date

Business Office Use

Doc#: _____

X _____
SBA Treasurer Signature   Date

PLEASE PRINT CLEARLY

Pay or reimburse the following person or company:

_____
Name

_____
Street Address

_____
City, State, Zip Code

_____
Student ID

_____
Social Security Number/Federal Tax ID*
*(If vendor is not a student or an employee)

Check Request:

Supporting documentation is required, i.e., original itemized receipt w/proof of payment, invoice, completed signed contract.
Tape receipt(s) at top & bottom (no staples) to a separate sheet of paper. Do not highlight.

Total Amount: $ _____
(If this does not match the receipt(s), explain below.)

Funded by SBA (Y/N) _____
If yes, provide budget line item:
_____

Payment Information/Explanation*:

*If this is food, snacks, meals, beverages, etc., the following is required for payment/reimbursement:
Purpose/Event   _____
Date & Location   _____
in Attendance   _____   If < 12 list names: _____
                    (Submit names on a separate sheet if additional room is needed.)
Purchase Order   Check One: Mail   Telephone Order   Fax Order: Fax#_____
Description of Purchase*: (Please include quantity and price .)

_____
Approval Signature/Student Org Title   Date

_____
Requestor's Signature   Date

_____
Approval Signature/Student Org Title   Date