Lewis & Clark College Office of Student Engagement

Student Organization Expense Reimbursement Form

| | | S Same and I have | |
|--|---|---|--|
| For Student and De | epartmental Account Servic | es Use ONLY: | |
| AMOUNT | REPRESENT | TATIVE'S INITIALS | RECIPIENT'S SIGNATURE |
| Date | | | |
| approval by the ASB T In addition to a detail your student organizar Drivers (who are clear origination, destination published mileage rate https://college.lclark.edu Reimbursement requelle. Reimbursement checker cimbursement of the college of the payments to independ performance agreement engagement to arrangee. The student organizar | Treasurer and the Director of led receipt, under the purpos tion. Also, on the back of this ed to drive by the College) w n, and calculated mileage dis e. Please use the back of this u/student life/engagement/orgatest must be submitted within its (over \$50) will be available for the will be deposited to the bank ormer contracts! All contract lent contractors (i.e. honoraria, t, or invoice must be submitted payments to students who per tion reimbursable expense p | Student Engagement. te of reimbursement you <u>must</u> is form, you must include the nu ill be reimbursed based on mile stance as well as the date and particular form if necessary. A driver expanizations/useful-student-organizations/useful-student-organizations/useful-student and Depart of the process of the | e expense. rtmental Account Services on Friday afternoons after 1pm. • VebAdvisor. and signed by the Director of Student Engagement. ses, performers, etc.) require a signed IRS Form W-9 and the appropriate contract, tudent Engagement is available to assist you with this. • Please consult Student und here: |
| | · · · —— | | eceipts, invoices, or other supporting documents are attached. |
| Payee (person ge | etting reimbursed or p | aid) L&C ID Number | (only for L&C Students, Faculty, or Staff) |
| Payee Name (per | son getting reimburse | ed or paid) | |
| Address | | | |
| Purpose of Reimbursement | | | |
| | | | |
| Amount \$ Organization Name | | | |
| OR PAYMENTS I hereby certify that not been previously | FOR L&C STUDENTS all expenses on this reimbly submitted. All expenditure | , FACULTY, OR STAFF: ursement request were incurr | id) - REQUIRED ONLY FOR REIMBURSEMENTS red for approved Lewis & Clark student organization purposes and have with ASB, Student Engagement, and College policies. |
| Authorizing Signat | | | |
| _ | | | |
| ASB Treasure | er | | |
| Director of S | tudent Engagement _ | | |
| Account Numbers | | | |
| 300 | 2190 | Debit \$ | |
| 300 | 2190 | Debit \$ | (if multiple accounts are to be charged) |
| Payment Method Approved reimburser | | \$50 will be given back to you | to exchange for cash at Student and Departmental Account Services. |
| ☐ E-Check ba ☐ Mail to Abo ☐ Pick up ch | ank information must be ove off-campus address | e recorded on WebAdviso s only for independent cor Number | · |
| Doin cash and student o | Heck bick up are at Student and | Departmental Account Services. | |

For Business Office Use ONLY:

BY VOUCHER DATE VOUCHER NUMBER