

ASUH REIMBURSEMENT REQUEST FORM

From:

Name of Organization

Name of Organization's Representative

Federal Tax I.D.

Mailing Address (# and street)

Mailing Address (# and street)

City State Zip Code

City State Zip Code

Phone Number/E-mail Address

To: Student Life & Development

Please consider this as an official invoice to obtain reimbursements for expenses incurred and approved for (described goods, event, grant amount, etc.): _____

Please make check payable to (check one only):

Organization

Organization's Representative

Other Organization Member

Name: _____

Mailing Address (# and street): _____

City, State, Zip: _____

Is the payee employed by the University (check one only)?

Yes

No

Employee: Faculty or staff that work at UH or student employees that work at UH

Non-employee: students not working as student employees such as stipend students & organization groups

I certify that the payee has incurred these expenses on behalf of the organization for the purposes stated above.

Signature of Organization's Representative (NOT the person being reimbursed)

Date

(OFFICE USE ONLY)

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