

CLAYTON STATE UNIVERSITY
Student Activity Reimbursement Request Form

INSTRUCTIONS:

1. ALL checks will be mailed to the address specified. If you are a CSU employee, upon approval of this form, you **must** submit your request through the **Employee Self Service Module**. The approval will be emailed to the reimbursee, as well as the two (2) authorized signatures on the request form.
2. The reimbursee can NOT be the reimbursor.
3. Advisor's signatures are MANDATORY. (Please see exception below regarding Advisor's)
4. Attach original receipts with name and Laker ID written on the FRONT of each receipt. The Office of Student Affairs will NOT accept any photocopied receipts.
5. DO NOT mix "organizational" purchases and "personal" purchases.
6. All requests for payment reimbursements MUST be submitted to the Office of Student Affairs within **(10) ten business days** of purchase.
7. For vendor payments, the vendors Federal Identification Number (FEI), phone number, and fax number MUST be provided.
8. For vendor payments, the vendor contract **OR** CSU service agreement/contract MUST be attached.

REIMBURSEE INFORMATION

DATE: _____

CSU EMPLOYEE: YES NO

LAKER ID: _____

EMAIL ADDRESS: _____

INDIVIDUAL BEING REIMBURSED: _____

MEMBER PRESIDENT TREASURER
 OTHER: _____

ADDRESS: _____ PHONE: _____

**Note: The address provided is where the reimbursement will be mailed.*

CITY: _____ STATE: GA ZIP: _____ AMOUNT TO BE REIMBURSED: \$ _____

DESCRIPTION OF REIMBURSEMENT: _____

NOTE: If you are a Clayton State University employee, you **must** submit your reimbursement through the Employee Self Service module. Your home department will assist you in completing this.

REIMBURSER INFORMATION

DEPARTMENT ID OF ORGANIZATION: _____

ORGANIZATION SUBMITTING REIMBURSEMENT: _____

INDIVIDUAL SUBMITTING REIMBURSEMENT: _____ PRESIDENT TREASURER
 OTHER: _____

EMAIL ADDRESS: _____ PHONE: _____

AGENCY (RAISED FUNDS) ACCOUNT #: _____ AMOUNT: _____
 ALLOCATED FUNDS (STUDENT ACTIVITY FEES) ACCOUNT #: _____ AMOUNT: _____

TOTAL: \$ _____

REQUIRED SIGNATURES

***INDICATES MANDATORY SIGNATURE**

PRESIDENT OR TREASURER: _____ *ADVISOR: _____ (Can NOT be the advisor being reimbursed)
(Can NOT be the individual submitting the request)

OTHER: _____

EXCEPTION: Advisor's being reimbursed only need the signature of (1) one authorized signer.

NOTE: Please allow a **minimum of (2) two weeks** for checks to be processed, once all information is received.

DIVISION OF STUDENT AFFAIRS
****FOR OFFICE USE ONLY****

DATE RECEIVED: _____

RECEIVED BY: _____

REQUEST APPROVED: YES NO

APPROVAL SIGNATURE: _____ APPROVAL DATE: _____

IF REQUEST DENIED, PLEASE PROVIDE EXPLANATION: _____