

# EPSILON CHI CHAPTER

## EXECUTIVE & DIRECTOR REIMBURSEMENT FORM



Updated July 8, 2019

**INSTRUCTION.** Please fill out the following forms completely and attach all original receipts on the back. Email a digital copy of the forms and receipts to [treasurer@csunbap.org](mailto:treasurer@csunbap.org). Allow approximately two weeks for your request to be processed.

### CONTACT INFO

Your first name and initial	Last name
Home address (number and street)	Apt. no.
City, town or post office, state, and ZIP code	

### EXPENSES

Date	Event	Description	Amount	Sponsorships		Treasurer Use Only
				Sponsored (Y/N)	Email Invoice To	Invoice No.
1			\$			
2						
3						
4						
5						
Total			\$	Issued Check No.		

### SIGN HERE

I declare that the executive overseeing the above event(s) approved each expense and to the best of my knowledge and belief, the information on this form is true, correct, and complete.

Your signature	Date	Your title	Daytime phone number
Executive's name and signature		Executive's title	

### FACULTY ADVISOR, CONTROLLER AND TREASURER USE ONLY

Controller's name	Controller's signature	Date
Treasurer's name	Treasurer's signature	Date
Faculty advisor's name	Faculty advisor's signature	Date

**EXPENDITURE REQUEST**

*\*\*Please complete all forms in black or blue ink.\*\**

Date: \_\_\_\_\_

Check or P.O. to be made **payable to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Group or dept. name:**

\_\_\_\_\_

**Amount Requested: \$** \_\_\_\_\_

Check one:

Pick up check at accounting

Send check via U.S. mail

Send check via campus mail

Mail Drop # \_\_\_\_\_

Other: \_\_\_\_\_

**This Expense is a:**  Reimbursement with original receipts

Payment with invoice

Purchase order that will need to be closed after items are received

Personal Service Performed contract

Other

**Purpose of Request:**

(Please explain what this was for, including program name.)

Account number  
(Type of expense)

Fund number  
(Agency or budget)

Department  
number

Project number  
(kind of program)

A / G

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Contact person name: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Current Designated Advisor's Signature **REQUIRED**

Advisor's name: \_\_\_\_\_

Advisor's signature: \_\_\_\_\_

**Administrative Use Only**

Vendor ID# _____	W-9 Y <input type="radio"/> N <input type="radio"/>	Student Y <input type="radio"/> N <input type="radio"/>	HR Y <input type="radio"/> N <input type="radio"/>	Authorized Signature Verified _____ (Initials)	Reference # _____
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**Please submit all paperwork to Accounting Services located in USU SW 100**

18111 Nordhoff St., Northridge, California 91330-8350 (818)677-2389 <http://www.csunas.org>