

# EPSILON CHI CHAPTER

## EXECUTIVE & DIRECTOR REIMBURSEMENT FORM



Updated October 11, 2020

**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)	CSUN Student Email
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