

**STUDENT ACTIVITIES**

University Center Suite 103  
 Phone: 412-268-8704 | Fax: 412-268-5938  
[www.cmu.edu/studentactivities](http://www.cmu.edu/studentactivities)

**Expense Reimbursement Request 2014-2015**

1. This form should be used to request reimbursement for purchases made by an individual using their own personal funds for official University purposes within **30 days of purchase date**. In order to make sure your reimbursement request is processed efficiently, please make sure you observe the following guidelines:

- |   |   |
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| <p><b>2. Attach original receipt(s) or proof of purchase</b></p> <ul style="list-style-type: none"> <li>itemized cash register receipts OR</li> <li>paid invoices or payment confirmation pages</li> </ul> <p><b><i>If receipt does not show proof of payment</i></b> you must also submit printed check image (front &amp; back) or checking account/credit card statements with reimbursee name, vendor name &amp; last four digits of card number. <b>A credit card statement by itself does not suffice as a receipt.</b></p> | <p><b>3. Loose Receipts must be taped to 8.5 X 11" piece of paper.</b></p> <ul style="list-style-type: none"> <li>Multiple receipts can be submitted together and taped onto same piece of paper.</li> <li>Please tape all 4 sides of receipt</li> <li>Please paperclip receipt pages to Reimbursement Form. <b>DO NOT USE STAPLES!</b></li> </ul> <p><b>4. <i>If receipts are not submitted within 90 days of purchase, then reimbursement amount will be considered taxable income.</i></b></p> |
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- Reimbursement checks will typically be received 4 to 6 weeks after submission.** Checks will be mailed to the address provided on this form or can be transferred electronically. See Student Activities for EFT form.
- Note:** Reimbursements for **GIFTS/AWARDS/PRIZES** require additional paperwork. Please contact Student Activities to obtain the necessary forms. Reimbursement requests cannot be processed until all paperwork is received.

**1.) ORGANIZATION INFORMATION (Please print clearly):**Organization/Account name: CMU Explorer's Club

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

Authorized signer's name: Nathan Brooks / Fan YangAccount type:  ORG \$ \_\_\_\_\_

Authorized signer's signature: \_\_\_\_\_

 GIFT \$ \_\_\_\_\_Andrew ID: nbb / fanyang1**2.) REIMBURSEE INFORMATION (Please print clearly):**Reimbursee's name *(Please use given or legal name):* \_\_\_\_\_**By signing below, Reimbursee's acknowledges that he/she has reviewed the university's FCPA guidance [www.cmu.edu/ogc/fcpa](http://www.cmu.edu/ogc/fcpa)**

Reimbursee's signature: \_\_\_\_\_

Is the Reimbursee a United States Citizen or a United States Taxing Resident?  Yes  No

What is the Reimbursee's relationship to Carnegie Mellon?

 Carnegie Mellon Student     
  Carnegie Mellon Employee     
  Private Individual: \_\_\_\_\_  
 (please state relationship to organization)

Reimbursee's Mailing Address or SMC: \_\_\_\_\_

Reimbursee's Andrew ID/Email: \_\_\_\_\_

Address Line

Reimbursee's Phone: \_\_\_\_\_

City, State, Zip

**3.) PURCHASE DETAILS:**Detailed description of purchase (please provide who, what, when, where & business purpose ***for each receipt***):

Activity: \_\_\_\_\_

Trip date: \_\_\_\_\_

Number of people attending *(Necessary if purchase involves food or beverages. If 5 or fewer people attended, include first and last names.):* \_\_\_\_\_

REIMBURSEMENT AMOUNT \$: \_\_\_\_\_

**PLEASE CHECK BOX (IF APPLICABLE)**

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- Please indicate if reimbursed amount is less than receipt total

 GIFTS/AWARDS/PRIZES under \$75 GIFTS/AWARDS/PRIZES over \$75

*Please make sure to talk to a staff member regarding the additional paperwork needed for these types of purchases.*