

STUDENT ACTIVITIES

University Center Suite 103
 Phone: 412-268-8704 | Fax: 412-268-5938
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>2. Attach original receipt(s) or proof of purchase</p> <ul style="list-style-type: none"> itemized cash register receipts OR paid invoices or payment confirmation pages <p>If receipt does not show proof of payment you must also submit printed check image (front & back) or checking account/credit card statements with reimbursee name, vendor name & last four digits of card number. A credit card statement by itself does not suffice as a receipt.</p> | <p>3. Loose Receipts must be taped to 8.5 X 11" piece of paper.</p> <ul style="list-style-type: none"> Multiple receipts can be submitted together and taped onto same piece of paper. Please tape all 4 sides of receipt Please paperclip receipt pages to Reimbursement Form. DO NOT USE STAPLES! <p>4. If receipts are not submitted within 90 days of purchase, then reimbursement amount will be considered taxable income.</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

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) GIFTS/AWARDS/PRIZES under \$75 GIFTS/AWARDS/PRIZES over \$75 Please indicate if reimbursed amount is less than receipt total

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