



Stephen F. Austin State University
Sport Club Program
Reimbursement Request Form

Complete this form and turn in with all ITEMIZED receipts. All information must be provided to process reimbursements in a timely manner. This form must be completed for each person being reimbursed. All reimbursement checks will be direct deposited into external club bank account. The officers are responsible for writing checks to the players.

Please return THREE business days following the trip by 5:00pm in the Sport Club Office to be reimbursed. The SC Office will not process reimbursements after three days of returning from trip.

Attach receipts with paperclip.

Sport Club: _____ Date turned in: _____
 Event: _____
 City & State: _____ Event Dates: _____
 # of Receipts: _____ \$ equip: _____ \$ gas: _____ \$ Fees: _____ \$ lodging: _____

Information for person to be reimbursed

Name: _____ SFA CID#: _____
 Phone Number: _____ TOTAL: _____

For travel reimbursement put the time you left and returned to Nacogdoches (look at your travel request if needed – must be within the time frame on that request):

Time Left: _____ am / pm Date: _____
 Time Returned: _____ am / pm Date: _____

Account to be used (Circle One): Campus Rec Internal Gift External

<i>Office Use Only</i>			
Amount Requested: \$ _____	\$ _____	\$ _____	Receipt(s) Attached:
Internal	Gift	External	Y N
SC Approval: _____	Date: _____	Reference #: _____	
Signature			
CRec Approval: _____	Date Processed: _____	Amount Reimbursed: \$ _____	
Signature			
Receipts Rejected: _____	Reasons: _____		
Reimbursement: _____	_____	_____	
Date	Check #	Staff Initials	
Notes: _____			

_____	Y or N	_____
Points Awarded	Updated	Initials