

## ROWAN – SOM STUDENT REIMBURSEMENT REQUEST

You must include the original itemized receipt showing the actual item(s) purchased. A receipt showing only the amount will not be accepted. If you paid with a credit or debit card, you must include a copy of the card showing your name & the last four digits of the account number. All other information on the card copy can be blacked out.

If any of the information on your form or your signature is missing, you will be notified to pick up your form for completion.

The class or club President and Treasurer will be contacted to verify this expense/reimbursement request.

Date of Request: \_\_\_\_\_

Rowan ID#: \_\_\_\_\_

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

Rowan E-mail: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**DESCRIPTION OF EXPENDITURE:**

AMOUNT:     \$ \_\_\_\_\_ (minus any tax paid – you will not be reimbursed for NJ state tax)

STUDENT CLUB/ORGANIZATION: \_\_\_\_\_

ITEMS PURCHASED: \_\_\_\_\_

Type of purchase, i.e. food, snacks, beverages, paper goods, etc.

WHERE EVENT WAS HELD: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_

PURPOSE OF EVENT: \_\_\_\_\_

PRINT REQUESTOR'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

REQUESTOR'S SIGNATURE: \_\_\_\_\_

COMPLETE AND RETURN FORM WITH ELIGIBLE RECEIPTS TO STEPHANIE LEVIN, [levins@rowan.edu](mailto:levins@rowan.edu) FOR PROCESSING