

## American University Club Sports Reimbursement Form

**All original receipts must be submitted taped to a sheet of paper within 14 days of trip/purchase.**

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

Name: \_\_\_\_\_ AU ID #: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Description	Price
<b>Total</b>	

Reason for Purchase or Trip: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Club Treasurer Signature                      Name                      Date

Contact #: \_\_\_\_\_

_____ Director of Club Sports _____ 11-520710- Budget Account Number Entered into Tracking: _____	_____ Date
Disbursement #: _____	