

# American University Club Sports Reimbursement Form

**All original receipts must be submitted taped to a sheet of paper within 14 days of trip/purchase. Receipts must total a minimum of \$25 to be reimbursed.**

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

**Budget Account Number:** 11-520710- \_\_\_\_\_

**Entered into Tracking:** \_\_\_\_\_

**Disbursement #:** \_\_\_\_\_