

Reimbursement Request

Make sure all receipts are **SIGNED by the person to be reimbursed, a club officer and your club advisor.**

Attach the receipts to this form or tape them to a separate sheet of paper and staple to this form.

Club Name: _____

Person to be reimbursed: _____ ID# _____

Address: _____

Phone # _____ E-mail address: _____

Item(s) purchased and reason: _____

*** In order to receive reimbursements, all students and advisors must be set up for direct deposit with eConnect.**

Club Approval

Amount: _____ Club Funds: _____ SPAR Funds: _____

Advisor's Signature: _____ Phone #: _____

Club Officer's Signature: _____ Phone #: _____

For SPAR Use Only

SPAR Liaison: _____ Date: _____

Club Account Number: _____

SPAR Account Number: _____

Processed by SPAR Secretary: _____ Date: _____

Copies: Original - Accounting Yellow - SPAR Pink - Club