



## SAMU Student Group Missing Receipt Reimbursement Form Student Group REGULAR Account Expenditures Only

Name of Group: \_\_\_\_\_

Student Group Member Name: \_\_\_\_\_

Date of purchase: \_\_\_\_\_

Time of purchase: \_\_\_\_\_

Purchased from: \_\_\_\_\_

Amount of purchase: \_\_\_\_\_

Was purchase pre-approved? (Please check one) Yes \_\_\_\_\_ No \_\_\_\_\_

Item(s) purchased:

\_\_\_\_\_  
\_\_\_\_\_

Were you provided with a receipt? (Please check one) Yes \_\_\_\_\_ No \_\_\_\_\_

If receipt was lost, how/why was it lost?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** Please attach any supporting documentation you may have (i.e. bank statements, printouts/screen shots, sign-off forms from others present)

### Student Group Member Reimbursement Information

Name of Group Member	Signature	Date

**Note:** Please have 3 executives of your group sign off on

**this form** Group Executive Signatures:

Name Please Print	Position	Date	Signature