Reimbursement Request Form
(For charges under $100)

Student Organization Name: __________________________ Date Submitted: ____________

Name of Applicant: __________________________________ Email: _______________________

→ Applicant’s position within COCC: Student?___ Faculty Advisor?___ Other: ____________________

Cost Type:

❏ Operation Costs (regular costs)          ❏ Capital Costs (special costs)
- Food for meetings                      - Decorations for event
- Club binder                            - T-shirts, stickers, hats, etc.
- Printing costs for posters

Goods & Services Summary: _______________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Total Reimbursement Amount: $ __________________ Singular Receipt? / Multiple Receipts? (circle one)

Reimbursement Processing

Reimbursed Party...

❏ COCC Student          ❏ Off Campus Vender (additional forms may be required, follow up with Dir. of Financial.)
❏ COCC Staff
❏ Non-Student
❏ Sodexo

Check payable to: ________________________________

Check Amount$: ________________________________

How would you like us to notify you when your reimbursement is ready? (circle one)

( Email? ) or ( Text Message? )

If you’d like us to send you a text when your check is ready, list a number we can text you at!
(please include your area code): ________________________________

❏ Pick up your check?
(Our office hours are posted on the ASCOCC homepage, and our office is in the Coats Campus Center, RM 207.)

❏ Get it mailed? Mailing Address:
(Our mail service on campus typically needs one business week to make sure your letter is mailed, so please account for this.)

Make sure that all relevant receipts for this reimbursement request are attached. If possible, make sure the receipts are itemized. Allow up to 2 weeks for processing.