



ASCOCC USE ONLY:
Date Processed: _____
Initials: _____
Check #: _____

**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:**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Operation Costs (regular costs)</b> | <input type="checkbox"/> <b>Capital Costs (special costs)</b> |
| - Food for meetings   | - Decorations for event                                       |
| - Club binder   | - T-shirts, stickers, hats, etc.                              |
| - Printing costs for posters                                    | - Paying for a logo design                                    |

**Goods & Services Summary:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Reimbursement Amount:** \$ \_\_\_\_\_ **Singular Receipt? / Multiple Receipts?** (circle one)

**Reimbursement Processing**

**Reimbursed Party...**

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> COCC Student | <input type="checkbox"/> Off Campus Vender (additional forms may be required, follow up with Dir. of Financial.) |
| <input type="checkbox"/> COCC Staff   |  |
| <input type="checkbox"/> Non-Student  |  |
| <input type="checkbox"/> 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.**