



ASCOCC USE ONLY:

Date Processed: _____

Initials: _____

Check #: _____

Reimbursement Form

Student Organization Name: _____ Date Submitted: _____

Name of Applicant: _____ Email: _____

→ Applicant's position within COCC: Student? ___ Faculty Advisor? ___ Other: _____

Cost Type:

Operation Costs (regular costs)

- Food for meetings
- Club binder
- Printing costs for posters

Capital Costs (special costs)

- Decorations for event
- T-shirts, stickers, hats, etc.
- Paying for a logo design

Goods & Services Summary: _____

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

Reimbursement Processing

Reimbursed Party...

- COCC Student
- COCC Staff
- Non-Student
- Sodexo

Off Campus Vender (additional forms may be required, follow up with Dir. of Financial.)

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.)

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.