



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

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)**
- 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...

- | | |
|---------------------------------------|--|
| <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.