



Student Reimbursement Request Form

Students, please use this form to request a reimbursement for money you spent on University approved activity. Please send a copy of the receipt(s) of your purchase. Please do not use acronyms when naming an organization or department; spell out the full name. Checks will be mailed to the address listed.

Requestor Information:

Date of Request	
Full Name of Department/Organization Item was Purchased For	
Check Payable To	
Mailing Address (Street)	
City, State, Zip Code	
Phone Number	

Expense Information:

Item Purchased or Place of Purchase	Item Description/ Purpose	Account Number (6 Digits)	Fund Number (100)	Department Number (5 Digits)	Total Cost
Total					\$

Requester Approval: _____

Date: _____

Organization Treasurer Approval (If Needed): _____ **Date:** _____

Budget Supervisor (Faculty/Staff) Approval: _____ **Date:** _____

*Please email the completed form to Accounts Payable (ap@stthom.edu)
Must be turned in by 1pm on Tuesday for checks to be cut on Wednesday at 1pm*