

Staple  
Receipts Here



Tau Beta Pi  
Ohio Alpha Chapter

## Reimbursement Request Form

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*To be completed by requestor:*

Name \_\_\_\_\_

Date of request \_\_\_\_\_

Date of purchase \_\_\_\_\_

Business of purchase \_\_\_\_\_

Method of payment \_\_\_\_\_

Receipt amount \$ \_\_\_\_\_ Reimbursement sought \$ \_\_\_\_\_

Reason for purchase \_\_\_\_\_

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*To be completed by treasurer:*

Date received \_\_\_\_\_

Approval  Y  N

Amount \$ \_\_\_\_\_

Check # \_\_\_\_\_

Initial \_\_\_\_\_

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*To be completed upon reimbursement:*

Signature of recipient \_\_\_\_\_ Date \_\_\_\_\_

Signature of treasurer \_\_\_\_\_ Date \_\_\_\_\_

Please return the completed form, with receipts attached, to the TBP Treasurer.

All reimbursement requests must be completed through this form.

Email [TBPtreasurer@case.edu](mailto:TBPtreasurer@case.edu) with any questions.