BROWN STUDENT ACTIVITIES - REQUEST FOR REIMBURSEMENT FORM

- PRINT LEGIBLY. Must be completed by an authorized financial signatory!
- All reimbursements on same form must be from same account and to same person.

THE BOX BELOW IS THE MAILING LABEL, so write it as if you were addressing an envelope!

Use Campus Box 1930 as address to mail to SAO.

PAYABLE TO:

and

Address to send check

SHOW:

Today's Date

GRANT:

Originating Department: SAO

Use Campus Box 1930 as address to mail to SAO

BUDGET LINE ITEM (use two digit code)

YES/NO: Supplement with raised funds if inadequate funds in line item?

ITEMS OR DESCRIPTION

(1) Receipts or invoice must be attached!

(2) Include quantity, if applicable

- If there are inadequate funds, SAO will process up to amount available.
- Must comply with University policy & Brown First.
- Reimbursements may take up to ten (10) days.

TOTAL =

STUDENT ORGANIZATION NAME

PRINT NAME OF AUTHORIZED FINANCIAL SIGNATORY

SIGNATURE OF AUTHORIZED FINANCIAL SIGNATORY

TO BE COMPLETED BY SAO:

CONTROLLER APPROVAL -

AUTHORIZED SAO SIGNATURE -

CONTROLLER USE ONLY

TO BE FILLED IN BY ORIGINATING DEPARTMENT

CONTROLLER ONLY

VENDOR NO. | GEO | PAYDATE | ACCOUNTING CODE | ACCOUNT DESCRIPT. | AMOUNT | CC | 1099 | GRR | SC | CR
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6 38 | | | | | | | | |
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SEND INVOICES IN DUPLICATE TO CONTROLLER BOX J FOR PAYMENT

SAO 2/17/05