



# REIMBURSEMENT REQUEST FORM

Office of the Financial Vice President • musg.finance@marquette.edu • 414-288-7114

**INSTRUCTIONS:** Each event must have a separate reimbursement request form. The form must be submitted within 30 days of the event or capital goods purchase. For every expense, original documentation must be attached - such as original receipts, unaltered bank statements, and copies of cleared checks. Failure to provide such documentation will result in the denial of reimbursement and loss of funding.

A copy of publicity for all student organization sponsored events must be attached in order to be reimbursed. This publicity must include "Supported by the MUSG Student Activity Fee" or logo available at musg.mu.edu.

**Student Organization:** \_\_\_\_\_

**Event Name:** \_\_\_\_\_ **Event Date:** \_\_\_\_\_

**Circle one:**      **SPOT FUNDING**    **FALL BULK FUNDING**    **SPRING BULK FUNDING**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_@marquette.edu

**Items to Reimburse:**

- \_\_\_\_\_ **Amount: \$** \_\_\_\_\_
- \_\_\_\_\_ **Amount: \$** \_\_\_\_\_
- \_\_\_\_\_ **Amount: \$** \_\_\_\_\_
- \_\_\_\_\_ **Amount: \$** \_\_\_\_\_
- \_\_\_\_\_ **Amount: \$** \_\_\_\_\_

<b>For Office Use Only:</b>			
<b>Date Received:</b> _____	<b>Recipient:</b> _____	<b>Date Processed:</b> _____	<b>Check No.</b> _____
<b>Amount: \$</b> _____	<b>Account:</b> _____	<b>Description:</b> _____	
MUSG Financial Vice President: _____			Date: _____
Dean of Student Dev or Designee: _____			Date: _____
Comptroller Official: _____			Date: _____

I have read and understand the terms and conditions for requesting funding and being refunded for expenses by MUSG (available in full at musg.mu.edu/sof). I agree to abide by these rules and understand that non-compliance will result in denial of funds. By signing this form, I also certify that it is the student organization's responsibility to pay any obligations indicated on the attached receipts, invoices, or contracts. It is also the responsibility of the organization to meet any tax reporting obligations resulting from these expenditures.

Furthermore it is also required that all funds be used in accordance with Marquette's Student Handbook, and MUSG is obligated to report any violations. By accepting SOF funds, you must submit any financial documents that MUSG may need to verify your organization's financial standing at MUSG's request.

\_\_\_\_\_  
Signature of President or Treas.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Check Payable to a Student Organization or Member of a Student Organization:**

A separate reimbursement request form must be completed for each individual who paid for expenses. MUSG can only make checks payable to the individuals or organizations that actually paid for expenses.

Pay to the order of: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hold check for pick-up in Finance Department

Mail check to address listed above

**University Expenses (event management/catering):**

If your expense is through Event Management/Catering, attach invoice to this form for reimbursement. If your event was not fully funded, your organization is responsible for paying the remaining balance to the University.

**Check Payable to an Outside Vendor or Individual:**

Please attach a copy of all receipts or invoices and a completed W-9 form. For contracts to be paid directly by MUSG (for entertainers, performers, bands, speakers, etc.), a Marquette contract must be signed. Contact Corey Lansing in the Office of Student Development (414-288-1412) at least three weeks prior to your event to make arrangements. In addition, a W-9 form and fully executed contract with rider, if applicable, must be attached. The check will be made payable and mailed to the address indicated on the executed contract and/or W-9 form.

**Transfer of Funds to a University Account:**

Please attach a copy of all receipts or invoices. Funds CANNOT be transferred to personal or student organization savings or checking accounts.

\_\_\_\_\_  
University Department

\_\_\_\_\_  
Dept. Account Number

\_\_\_\_\_  
Authorized Signor