



SAMU Club Missing Receipt Reimbursement Form Club Account Expenditures Only

Name of Club: _____

Club Member Name: _____

Date of purchase: _____

Time of purchase: _____

Purchased from: _____

Amount of purchase: _____

Was purchase pre-approved? (Please check one) Yes _____ No _____

Item(s) purchased:

Were you provided with a receipt? (Please check one) Yes _____ No _____

If receipt was lost, how/why was it lost?

Note: Please attach any supporting documentation you may have (i.e. bank statements, printouts/screen shots, sign-off forms from others present)

Club Member Reimbursement Information

Name of Club Member	Signature	Date

Note: Please have 3 executives of your club sign off on this form

Club Executive Signatures:

Name Please Print	Position	Date	Signature