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| **Reimbursement for an Individual or Organization** |
| Use this section if an individual completed the transaction. |
|   Collect all original **itemized** receipts |
| o   Each receipt must indicate that the transaction was paid by cash, credit, or debit. |
| o  Tape all receipts onto a blank sheet of paper, if they not already 8 ½ by 11 |
|   Proof of Payment (choose one) |
| o  Card: Bank statement showing name on account and transaction OR  o  Card: Receipt has four digits, picture of the card showing name and four digits  o  Check: Picture of front of check, can obtain from Online Banking or Bank  o  Cash: Receipt says “cash” and has signature of party seeking reimbursement |
|   For overnight trips or events over 60 miles from campus, include Trip Registration Form and list of all students from the organization who attended the event    Attach all Expense Reports to the completed Reimbursement Form listing each party seeking reimbursement    **I understand that if any of the above items are not included, I will have 72 hours from contact to provide the required paperwork.** |
| **Mileage (Only Individuals may Apply)** |
|  Complete Reimbursement Form |
|   Attach the **Google Maps** distance traveled for a round trip **starting from Carrington Hall** |
|   Attach a copy of the Trip Registration Form that was submitted on BearLink that states both the drivers and passengers during the trip |

  **I understand that if any of the above items are not included, I will have 72 hours from contact to provide the required paperwork.**

**Reimbursement for a Department**

Use this section if a university account completed the transaction. SOFAC will reimburse the account   
with a budget transfer.

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|   Complete a Budget Transfer Request Memo (either hard copy or emailed) |
| o   The memo needs to have 3 pieces of information |
|   The amount to be transferred |
|   Purpose of the transfer |
|   The FOAPAL/budget number to which the money should be transferred. |
| o *Example*: Please transfer $500.00 to X020000-123456-87000-321 to reimburse  the Boomer Department for conference registration fees of 5 students with the Boomer Club. |

\*  Collect all original **itemized** receipts

o  Attach an account activity statement or Financial Services documentation

o  Attach all to the completed Reimbursement Form listing each party seeking reimbursement

  **I understand that if any of the above items are not included, I will have 72 hours from contact to provide the required paperwork.**