

# Allegheny College - ASG Reimbursement Request Form

Today's Date:	_____ - _____ - _____	(ASG Rev. 8/11)
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If Payable to Student or Employee:	Student or Employee ID #:		Send Check to Campus Mailbox #:
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Payable to Name:	Person's Name (First, Middle Initial, Last) - No Nicknames
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If Payable to Other:	Company Name - No Nicknames
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Accounts Payable Use Only

Complete Mailing Address:	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
	City, State, Zip

Name and Description of Event or Service Rendered:	
Date of Event or Service Rendered:	_____ - _____ - _____

Name of Student Organization	Amount (\$)	Account # (ASG Treasurer Use Only)
Total		

Was This Request Approved by the ASG Finance Committee to be Deducted from One of the Following ASG Accounts?			
General Fund	Surplus Fund	Speaker Fund	Date Approved by Finance Committee
If Yes, Please Circle the Correct Fund			_____ - _____ - _____

Request Was Not Approved to be Paid from Funds Listed Above, the Payment will be deducted from the Indicated Student Organization's Budget

Signature of Person Submitting Request:		Approved by:	
Print Name Legibly:			<b>Miguel A. Liriano</b>
Allegheny Mailbox #	Email Address:		Date Approved:
	@allegheny.edu		_____ - _____ - _____

Special Handling (If Applicable)	Hold Check in Shultz for Pickup (Name of Person to Pick up the Check)		
	Send Check to a Different Mailbox (Name of Recipient)		Campus Mailbox #: