

REQUEST FOR REIMBURSEMENT

Name of the person to whom the reimbursement will be made: _____

Level: MS 1 2 3 4

Address: _____

Phone # _____

Email: _____

Name of the person submitting the reimbursement request (if different from above) _____

Phone # _____

Email: _____

Reimbursement Amount: \$ _____

Event: _____
(Name of event, location and date)

Items purchased: _____

If all necessary items listed below or otherwise requested, are not submitted to the Office of Student Affairs, **within 30 days** of the completion of the event, a reimbursement **WILL NOT** be made.

Please submit the below items with this form:

- 1) Flyer/email announcing event
- 2) List of attendees and their title
- 3) Explanation for the purpose/need of the purchase
- 4) Original receipts

Depending on method of payment, please submit either:

- a) Copy of credit card statement
 - ↳ Blackout all other information except: Item(s) paid for with credit card, last 4 digits of credit card and cardholder's name
- b) Copy of canceled check (front and back of check)
- 5) Menu from where food was purchased (*if applicable*)
 - ↳ Circle/highlight items and write the quantity for each item that was purchased

If you have any questions, please contact:

Nicole Sodetani
 Office of Student Affairs
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