Student Group Name(s): ___________________  Student Group Advisor(s): ___________________

Student Requesting Reimbursement: ____________________________________________________________

Event Date: ______________
Purpose of Event:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Transaction Date</th>
<th>Item</th>
<th>Vendor</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL REIMBURSEMENT AMOUNT $ __________

Student Signature: ________________________________  Date: ______________

The following is REQUIRED in order for a reimbursement to be submitted:
- An approved SBC Funding Request Form for this event must be on file
- Reimbursement must be less than $150.00
- An itemized receipt must be attached
- Itemized receipt must not include personal purchases (only items to be reimbursed)
- Receipt must be submitted within 30 days of the date on the receipt