

Reimbursement Process Sheet

Please allow 4-6 weeks to receive a reimbursement check

Name of person to reimburse: _____

Duke Unique ID Number:

Student organization: _____

Funding source: _____

Total amount of receipt: _____

Brief explanation of the receipt(s): *(i.e. Name and reason for the event or expense)*

Is this a receipt for food? YES NO

If yes, please indicate the number of attendees: _____

(If the number of attendees is less than 11, the names of each person must be listed below)

1. _____

6. _____

2. _____

7. _____

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____

Location where meal was held: _____

Date when meal was held: ___/___/___

Is this a receipt student organization travel? YES NO

If yes, please provide

Reason for travel: _____

Dates of travel: ___/___/___ -- ___/___/___ Destination: _____

I certify that the information detailed above is factual and that the purchases were made on behalf of Duke Law School.

I have attached my receipt and all other necessary documentation to verify these expense(s). *(Tape the receipts to a white sheet of paper. Please only tape down the edges of the receipt, making sure not to tape over the printed text.)*

Signature of payee: _____ Date: ___/___/___

Signature of treasurer: _____ Date: ___/___/___

Office of Student Affairs use

Date received: ___/___/___

Notes: _____

Itemized receipt(s) and supporting documentation

Please only tape down the edges of the receipt. Do not tape over the printed text.