

Reimbursement Process Sheet

Please allow 4-6 weeks to receive a reimbursement check

Name of person to reimburse: _____

Duke Unique ID Number:

Student Address: _____

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? If yes, YES ☐ NO ☐
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: ____/____/____

Date received: ____/____/____

Office of Student Affairs use

Notes: _____