

REIMBURSEMENT

United Students Government Service Group, Inc.

1300 Elmwood Avenue; CAMB 402; Buffalo, NY 14222

Phone 716-878-6701 • Fax 716-878-6600

Return to the USG Business Office

REIMBURSE/PAY TO:

Date _____

Event _____

Location _____

Address _____

Phone _____

Board	Organization	Line Item

Estimated Expenses	TOTAL

Organization Treasurer's Signature: _____ (also initial below)

I fully understand I must supply receipts and/or invoices after the purchase in order to be reimbursed.

I also understand that this reimbursement is **NOT** final until it is approved by the Budget Committee. _____ (initial)

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- OFFICE USE ONLY -

REIMBURSEMENT REVIEWED:

USG Business Staff Signature: _____ Date _____

REIMBURSEMENT APPROVED:

USG Treasurer's Signature: _____ Date _____

Vice Treasurer's Signature: _____ Date _____

Budget Committee Signatures: _____ Date _____

_____ Date _____

_____ Date _____