



Request for Payment - **REIMBURSEMENT** ASNVC & Club Trust Accounts

Req. # _____

Complete, then attach original receipts & meeting minutes (if over \$200) and return to the ASNVC Office, Bldg. 1300 RM. 1342 for approval of Manager of Student Life. **Deadline: At least 14 business days before check is needed.**

If you have any questions please contact the Manager of Student Life at (707) 256-7340.

Reimbursement Request (REQUIRED: itemized original receipts):
All reimbursement checks are made out to the person listed below.

Name: _____ Student/Employee I.D.: _____

Mailing Address: _____

Reason for reimbursement: _____

Today's Date: _____ Date check needed: _____

Amount: \$ _____ Mail Check Will pick up check

Contact person _____ Phone: _____

Budget Codes - fill in appropriate codes.

FUND	ACTIVITY	PROGRAM	OBJ OF EXP	BC/LOC	AMOUNT
ASB-71	000000	0000	_____ (ASNVC line item)	5500	
Clubs-79	000000	0000	_____ (Club Account Number)	0000	

Club Signatures (Print and Sign)

Club Name: _____ Club President: _____

Club Treasurer: _____ Club Advisor: _____

Meeting date funds were approved: _____ (If amount is over \$200 please attach minutes)

ASNVC Signatures (Print and sign) *Only for ASNVC Requests

Mtg. Approved Date: _____ ASNVC President: _____

ASNVC Advisor: _____ Budget Code Number: _____ ASNVC CFO: _____

Office of Student Life use only:

Manager of Student Life: _____ DATE: _____

Senior Dean of Student Affairs: _____ DATE: _____

(Only required for amounts of \$300.00 and over)