

Allegheny College - ASG Reimbursement Request Form

Today's Date: _____

(ASG Rev. 6/11)

If Payable to Student or Employee:

Student or Employee ID #: _____

Send Check to Campus Mailbox #: _____

Payable to Name:

Person's Name (First, Middle Initial, Last) - No Nicknames

If Payable to Other:

Company Name - No Nicknames

Accounts Payable Use Only

Complete Mailing Address:

City, State, Zip

Name and Description of Event or Service Rendered:

Date of Event or Service Rendered: _____

Name of Student Organization	Amount (\$)	Account # (ASG Treasurer Use Only)
Total		

Was This Request Approved by the ASG Finance Committee to be Deducted from One of the Following ASG Accounts?

General Fund

Surplus Fund

Speaker Fund

Date Approved by Finance Committee

If Yes, Please Circle the Correct Fund

Request Was Not Approved to be Paid from Funds Listed Above, the Payment will be deducted from the indicated Student Organization's Budget

Signature of Person Submitting Request:

Approved by:

Print Name Legibly:

Hayden Moyer

Allegheny Mailbox #

Email Address:

@allegheny.edu

Date Approved:

Special Handling (If Applicable)

Hold Check in Shultz for Pickup
(Name of Person to Pick up the Check)

Send Check to a Different Mailbox (Name of Recipient)

Campus Mailbox #