

STUDENT CHAPTERS REIMBURSEMENT REQUEST FORM - STEP TWO

Instructions: Please use a separate form for each check. Fill out the form and attach receipts **NO LATER THAN 30 DAYS AFTER THE EVENT**. Submit by email to: accountspayable@acslaw.org.

 \square Faculty Advisor

 \Box Chapter Leader

I am a □ Speaker

Event Date:	Event Title:		
of Attendees:	Speaker:		
You <u>MUST</u> provi	ide receipts for any expense	for which you seek	reimbursement.
request reimbursement for the fo			Tan a same
	Amount Approved	Amount to be Reimbursed	Check should be made out to*: *must provide name of person or en
	"		
			Check should be mailed to:
Event Costs: Food and/or Drin	ık		ATTN:
Travel/Hotel Expenses (list airf travel, & 1 night's hotel separate			Mailing address:
			_
Total			
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