

Form D

GENERAL REIMBURSEMENT FORM
TEXAS TECH HEALTH SCIENCES CENTER AT DALLAS/FORT WORTH
STUDENT SENATE

ORGANIZATION: Dallas Student Senate - DATE: _____

ADVISOR: Shane Greene PHONE: (214) 372-5300

PURPOSE OF EXPENSE:

DRUG SCREEN: \$ _____

Rotation Location: _____

Dates of Rotation: _____

POSTAGE/PRINTING/OFFICE SUPPLIES: \$ _____

Description: _____

EVENT: \$ _____ Room Rental/Supplies: _____

Description: _____

OTHER: \$ _____

Description: _____

FOR OFFICE USE ONLY	
_____	Reimbursement: Individual/organization
_____	Maximum Reimbursement
Approved By: _____	
Payment _____	Account # _____

NAME: _____

ADDRESS: _____

SOCIAL SECURITY #: _____

Organization's representative: _____ (print & sign)

Date: _____

Treasury Committee: _____ (print & sign)

Date: _____

Advisors approval: _____ (print & sign)

Date: _____

Reminder to Organization/Student:

Attach all **ORIGINAL ITEMIZED** receipts and supporting documents to a separate 8.5 by 11" piece of paper with tape to avoid overlapping. REIMBURSEMENTS WILL NOT BE MADE WITHOUT THEM. Please keep a copy for your records.