

STUDENT ASSOCIATION / SUNY NEW PALTZ

REIMBURSEMENT APPROVAL FORM

*Do Not Make Out-Of-Pocket Purchases Until This Request Is Approved or You Will Not Be Reimbursed.
Submit Your Receipts With This Approved Request To Receive Reimbursement.*

Organization Name _____ Account # _____ Date _____

Proposed Expenditure _____

***This amount will be deducted from your account.
If you do not make a purchase return this form and
the money will be restored.***

\$ _____
Amount Of Reimbursement Requested

Treasurer or Signator on File _____

Check Payable To: _____

Vice President For Finance's Signature _____

Denied _____ Approved _____ Date _____