

Student Union 428, New Paltz, NY 12561 • 845-257-3070

**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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Only original receipts will be reimbursed.  
Receipts must be submitted within the current fiscal year.**

\$ \_\_\_\_\_  
Amount of reimbursement requested

Club signator on file \_\_\_\_\_

Check payable to \_\_\_\_\_

Vice President for Finance signature \_\_\_\_\_

Denied  Approved Date \_\_\_\_\_

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