



UNDERGRADUATE ORGANIZATION FUNDING/REIMBURSEMENT COVER SHEET

Student organization representative completes the top three sections and submits completed form to their administrative advisor

OFFICE USE ONLY: ROUTING
DOS: CA:
CD:
AP:
Access #:

STUDENT ORGANIZATION PART ONE: CONTACT INFORMATION

Contact name: _____ Hofstra ID: _____
Email: _____@pride.hofstra.edu Phone: _____
Organization: _____ Position: _____

STUDENT ORGANIZATION PART TWO: FUNDING/REIMBURSEMENT DETAILS

Payable to: _____ Payee Signature: _____
Payee email (if student): _____@pride.hofstra.edu ☐ N/A
Event/Project Name: _____ Date: _____
Amount: SGA Funds \$ _____ Income \$ _____ Voucher \$ _____ Gift\$ _____
Total \$ _____
Explanation of Request: _____

STUDENT ORGANIZATION PART THREE: CHECK ALL PAPERWORK ATTACHED TO THIS FORM

Required for reimbursement or payment to vendor

- ☐ Original receipts
- ☐ Invoice
- ☐ Check Request
- ☐ Credit/Debit Card Statement
- ☐ Event advertisement
- ☐ Copy of Credit/Debit Card
- ☐ W9 Form (if paying speaker or vendor)
- ☐ List of attendee names and ID numbers

Additional paperwork if applicable

- ☐ Work Order
- ☐ WebCRD
- ☐ Event Management
- ☐ Campus catering order
- ☐ Catering voucher
- ☐ Off-campus food approval
- ☐ Contract Information/Approval Forms
- ☐ Other applicable contract documents

OFFICE USE ONLY – ADMINISTRATIVE ADVISOR, OSLE, SGA

Administrative Advisor: _____ Received: _____ Signed: _____ ☐ N/A
For Catering Orders: Confirmation to Catering ☐ Yes ☐ No Date sent: _____ ☐ N/A
SGA Comptroller: _____ Received: _____ Signed: _____ ☐ N/A
Allocated: SGA Funds \$ _____ Income \$ _____ Vouch\$ _____ ☐ Change ☐ N/A
OSLE Finance: _____ Received: _____ Signed: _____ ☐ N/A
Executive/Associate Director: _____ Received: _____ Signed: _____ ☐ N/A