

UNDERGRADUATE ORGANIZATION FUNDING/REIMBURSEMENT COVER SHEET

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

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

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 email (if student): _____@pride.hofstra.edu N/A

Event/Project Name: _____ Date: _____

Amount: SGA Funds \$ _____ Income \$ _____ Voucher \$ _____ Total \$ _____

Explanation of Request: _____

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

<p>Required for reimbursement or payment to vendor</p> <p><input type="checkbox"/> Original receipts <input type="checkbox"/> Invoice</p> <p><input type="checkbox"/> Check Request <input type="checkbox"/> Credit/Debit Card Statement</p> <p><input type="checkbox"/> Event advertisement <input type="checkbox"/> Copy of Credit/Debit Card</p> <p><input type="checkbox"/> W9 Form (if paying speaker or vendor)</p> <p><input type="checkbox"/> List of attendee names and ID numbers</p>	<p>Additional paperwork if applicable</p> <p><input type="checkbox"/> Work Order <input type="checkbox"/> WebCRD <input type="checkbox"/> Event Management</p> <p><input type="checkbox"/> Campus catering order <input type="checkbox"/> Catering voucher</p> <p><input type="checkbox"/> Off-campus food approval</p> <p><input type="checkbox"/> Contract Information/Approval Forms</p> <p><input type="checkbox"/> Other applicable contract documents</p>
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OFFICE USE ONLY - OSLE, SAPA, or Campus Recreation

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

Associate Director: _____ Received: _____ Signed: _____ N/A