

A completed cover sheet for each club/org packet is needed so the administrative advisor understands the purpose of the paperwork and had contact information for student(s).

HOFSTRA UNIVERSITY
UNDERGRADUATE ORGANIZATION
FUNDING/REIMBURSEMENT COVER SHEET

student
 aide: date
 stamp &
 initial

OFFICE USE ONLY: ROUTING
 DOS: *Leave Blank*
 CA:
 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: Student Org Representative Name Hofstra ID: ID # of Rep
 Email: Student's Hofstra Email @hofstra.pride.edu Phone: (xxx) xxx-xxxx
 Organization: Name of Club/Org Position: E-Board or Member

STUDENT ORGANIZATION PART TWO: FUNDING/REIMBURSEMENT DETAILS

Payable to: Name of Individual or Vendor to be reimbursed/paid
 Event/Project Name: Name of event/project/reason for expense Date: Date of event/project
 Request Amount: SGA Funds: \$ \$ amount to be used from SGA funds Income: \$ \$ amount from club/org income Total: \$ SGA + Income = total amount needed
 Explanation of Request: Give some detail about why your are requesting funds to be used

use check boxes (below) to indicate what paperwork is attached to cover sheet.

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

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

OFFICE USE ONLY

OSLE, SAPA, or Campus Recreation Administrative Advisor: _____ Received: _____ Signed: _____ N/A
 SGA Comptroller: _____ Received: _____ Signed: _____ N/A
 Allocated funds: SGA Funds: \$ _____ Income: \$ _____ Change N/A
 OSLE Finance: _____ Received: _____ Signed: _____ N/A
 SGA Advisor: _____ Received: _____ Signed: _____ N/A
 Associate Dean: _____ Received: _____ Signed: _____ N/A

Use reverse side or attach additional pages for comments

Last revised: 02-11-17