Allegheny College - ASG Reimbursement Request Form

Today's Date: __________ - _________ - _________  

If Payable to Student or Employee:  
Student or Employee ID #:  
Send Check to Campus Mailbox #:  

Payable to Name:  
Person's Name (First, Middle Initial, Last) - No Nicknames  

If Payable to Other:  
Company Name - No Nicknames  

Complete Mailing Address:  
City, State, Zip  

Name and Description of Event or Service Rendered:  

Date of Event or Service Rendered: __________ - _________ - _________  

Name of Student Organization | Amount ($) | Account # (ASG Treasurer Use Only)  
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Total  

Was This Request Approved by the ASG Finance Committee to be Deducted from One of the Following ASG Accounts?  
General Fund | Surplus Fund | Speaker Fund | Date Approved by Finance Committee  
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If Yes, Please Circle the Correct Fund  

Request Was Not Approved to be Paid from Funds Listed Above, the Payment will be deducted from the Indicated Student Organization's Budget  

Signature of Person Submitting Request:  
Approved by: Luke McBride  
Print Name Legibly:  
Email Address: @allegheny.edu  
Date Approved: __________ - _________ - _________  

Allegheny Mailbox #:  
hold Check in Shultz for Pickup
(Name of Person to Pick up the Check)  
Send Check to a Different Mailbox (Name of Recipient)  
Campus Mailbox #:  

Special Handling (If Applicable)  
