

Sport Club: Expense Reimbursement

Name of Sport Club: _____

Student (Being Reimbursed) : _____

WSU ID: _____ **WSU Email:** _____ **Phone:** _____

Are you currently employed at WSU in a Student or Graduate position? YES NO

Have you previously completed a W9 for reimbursements? YES NO

If Travel Expense Reimbursement

Name of Event:			
Location:			
Zip Code:			
Departure Date:		Departure Time:	
Return Date:		Return Time:	

List applicable receipts below, if more space is needed use the back of this form to list additional receipts. Tape applicable receipts to a blank sheet of paper, NO STAPLES!

Expense List	Amount
TOTAL:	

Authorized By:

I hereby certify I have reviewed and approved this request and I am authorized to do so. I further certify the funds will be used in accordance with the intended purpose of Campus Recreation and mission of the university.

Student Officer:

(Printed Name) (Signature) (Date)

Competitive Sports Coordinator:

(Printed Name) (Signature) (Date)

Please attach all receipts or other supporting documentation.

Email Rosemary and Austin to make an appointment. rosemary.hendrick@wichita.edu austin.sanderson@wichita.edu

Campus Recreation Office Use Only

Date Processed: _____ ICD or TR #: _____ Receipts: _____ Processed By: _____

To make an appointment with Meredith Dwyer (Meredith.dwyer@wichita.edu) after submitting the Payment Form and receipts to your Club President by email.