

**Dean's RSO Advancement Funding Program  
Reimbursement Form**

RSO: \_\_\_\_\_

Event Funded (Name, place, date/s):

Individual requesting reimbursement:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

E# \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Expenses:

Registration or other fees (**Original receipt/s required**) \$ \_\_\_\_\_

Travel

Automobile mileage \_\_\_\_\_ total miles  
@ \$0.575 per mile \$ \_\_\_\_\_

Air/Train (**Original receipt required**) \$ \_\_\_\_\_

Lodging (**Original receipt required**) \$ \_\_\_\_\_

Meals (**Original receipt/s required**) \$ \_\_\_\_\_

Other (describe) (**Original receipt/s required**) \$ \_\_\_\_\_

**TOTAL AMOUNT REQUESTED** \$ \_\_\_\_\_

Signature of person being reimbursed: \_\_\_\_\_ Date: \_\_\_\_\_

Approval of Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Submit this form with original receipts attached to Ms. Debbie Endsley, Dean's Office, Lumpkin 4800 within two weeks following the event. No reimbursement for expenses submitted after May 15 will be approved.

**A written report of the event must also be attached to this request for reimbursement. The report should describe the event, the specific activities in which RSO members participated, and the positive outcomes to members and the organization.**