

Georgia Institute of Technology
Expense Reimbursement Request Form
Student Organization Finance Office
353 Ferst Dr. Smithgall (Flag) Building, Suite 141 Room 142

Date Submitted: _____ **Please Note: Reimbursement requests must be submitted within thirty (30) days of the date on the receipts or invoices.**

Payee Name: _____ GT Student/Employee ID # _____

Payee Address: _____ Phone: _____

E-Mail Address: _____

Description of Expense: _____

Total Amount: \$ _____ Please attach **original** itemize receipt (s) securely tape to an 8.5" x 11" piece of paper to permit audit and document scanning.

Expense To Be Charged From: SGA Budget _____ SGA Bill _____ Line # _____ Amount: _____
Agency Acct. _____ SLAB _____ GT Foundation _____

Name of Account/Organization: _____

Organization Officer's Approval Signature: _____ Date: _____

Officer's Name: _____ Title: _____

Officer's Contact Phone: _____ E-mail: _____

For employee reimbursements, employee must sign, below. "I certify that purchase was made using personal funds and supports Institute business. I have not received nor will seek reimbursement from any other source for any portion of the expense claimed."

Payee / Employee Signature _____ Date _____

Processed By: _____ Date: _____ Approved By : _____ Date: _____

☐ Check Request Form ☐ Employee Reimbursement Form ☐ Travel Form

Date Submitted to : A/P _____ Check # _____ Check Issued Date : _____

☐ Petty Cash Form -- Pick up By: _____ Date: _____

Reimbursement Documentation Checklist

Conference / Competition Registration Fees

____ Registration Form / Confirmation Receipt ____ Name of conference / competition attendees
____ Conference Flyer / Agenda / Brochure

Travel – Use SOFO’s Simplified Travel Reimbursement Form

Travel by Cars: ____ Declared business mileage ____ Date / Origin/ Destination (need to be completed)
____ Gas Receipt(s) ____ List of travelers

Travel by Air: ____ Flight Itinerary ____ Payment Receipt ____ Boarding Pass

Travel by Car Rental / Van Rental: ____ Rental Receipt ____ Gas Receipt(s) ____ List of travelers

Honorarium Speaker Fee / Professional Service / Coaching Fee / Instructor Fee

____ Vendor Profile Form ____ Service Invoice ____ Event Flyer ____

Catering / Food Service: ____ Caterer’s Invoice ____ Attendee List ____ Meeting Agenda ____ Group Meal Form

Purchase above \$1,000 (will not be reimbursed to individual). Purchase Order must be processed through SOFO by submitting purchase request along with following documentations:

____ Store / Vendor’s Price Quote (Item description, unit cost, quantity ...)

____ Present financial support from other ON or OFF campus funding sources
(Agency / GT Foundation Accounts, in-kind donations, gift letters, corporate sponsorship)

____ Present proof of the payment (cancelled check/ credit card statement / bank statement) showing the evidence of the 1/3 balance of the actual cost that SGA did not fund.

____ Sole Source Justification Form ____ Insurance (Risk & Mgt.) ____ Inventory Tag (Property)

Purchase T-Shirt / Promotional Give-A-Way with GT Logo or Trade Mark

Must use GT Contracted Vendor with

____ Pre-approval letter issued from Communication & Marketing Department

____ Copy of the art work print / design