

Receipt Reimbursement Statement

Club Name: _____

Destination: _____

Reason for Departure: _____

Date & Time of Departure: _____

Date & Time of Return: _____

Contact Person: _____

Receipts must be submitted to the Director of IM & Sport Clubs or the GA of Sport Clubs within 72 hours of arrival onto the MTSU campus.

Expenses	Date	Place of Purchase	Total Amount (on receipt)	Reimbursement Amount
Gas				
Hotel				
Entry/Tournament Fees				
Transportation				
Other				

Total Reimbursement Amount: _____

Office Use Only

Date Received: ___/___/___

Approved by: _____ Date Approved: ___/___/___

Were legitimate receipts included with this form? Yes ___ No ___