



STUDENT GOVERNMENT LAWRENCE TECHNOLOGICAL UNIVERSITY
MONEY REIMBURSEMENT FORM

Name of Event: _____ Date: _____

Organization(s): _____

Amount of Reimbursement: \$ _____ *Note Money Request Guidelines for reimbursement limits.*

Student Name: _____

Phone #: _____ E-mail: _____

Student Banner ID: _____

Permanent Address: _____

What Were the Funds Used For:

*All the information above MUST match LTU's records

*Failure to print clearly/legibly will cause a delay in processing your request.

FOR VP OF FINANCES USE ONLY:

Meeting Date Approved: _____

Date Submitted for Processing: _____

Administrative Approval Signature: _____

VP of Finance Approval Signature: _____