

**Semester (circle one):**  
**FALL / SPRING**  
**Academic Year**  
**20\_\_-20\_\_**

The Catholic University of America  
Columbus School of Law  
**Reimbursement Request Form**

---

**Student Organization:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
**Vendor:** \_\_\_\_\_  
**Purpose of Expense:** \_\_\_\_\_

---

**Type of Expenditure**

---

<b>Vendor</b>	<b>Type of Payment Credit Card, Cash, or Check</b>	<b>Amount</b>

**Total Amount:** \_\_\_\_\_

---

**Payee Information**

---

**Payee:** \_\_\_\_\_  
**Payee Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_

**Hold for Pick-up**

**Mail Out**

---

**ORIGINAL RECEIPTS ARE REQUIRED FOR ALL EXPENSES**

---