



UNIVERSITY OF
GEORGIA
Student Affairs
Business Office

Student Organization Reimbursement Form

Submitters Information:

Student Organization: _____

Org's Department ID: _____ (starts with 57)

Your Name: _____

Your Phone #: _____

Event/Program Details:

Event/Program Title: _____

Location of Event/Program: _____

Date of Event/Program: _____ # of Attendees: _____

of Receipts Submitted with this Form: _____

Total Amount (\$) of All Receipts: _____

Amount (\$) Spent on Food/Consumable Items: _____

Amount (\$) Spent on Non-Food Items: _____

Reimbursement Details:

Who is being reimbursed: _____

(Full name as it appears in the UGA's Supplier System)

Email Address: _____ Phone Number: _____