



SANTA CLARA UNIVERSITY
SCHOOL OF LAW LSO REIMBURSEMENT FORM

Only use this form if you are requesting a reimbursement for a Law Student Organization.
 Incomplete forms will be returned.

Name of person incurring expense:

Mailing Address:

City: State: Zip:

Email: Phone:

Student Organization: Student ID:

Business Expenses *Do not list personal or non-reimbursable items*

Expense #1 Date:

Business Purpose:

Business Location:

Guests/Attendees:

Subtotal Claim #1:

Expense #2 Date:

Business Purpose:

Business Location:

Guests/Attendees:

Subtotal Claim #2:

TOTAL REIMBURSEMENT:

I hereby verify that above expenses are business related and incurred by me. Itemized original receipt(s) are attached.

Signature of person seeking reimbursement:

Reimbursement must be approved by the SBA Treasurer and/or Student Organization Treasurer*
 Approver must indicate which account and activity code these expenses should be reimbursed from. If expense is split
 between two accounts, **both** approval signatures and \$ amount to be reimbursed from each account are required.

ACCOUNT	ACTIVITY CODE	AMOUNT APPROVED	APPROVED BY*	DATE
SBA	21105-LSORG-SS			

SBA Treasurer Print name: _____

Fundraising 46765-LSORG-SS

LSO Treasurer Print name: _____

*Approver cannot be same as the person seeking reimbursement

Submit completed forms with original receipts to the Law Finance Office (Charney Hall 112) or lawfinance@scu.edu.