

# Student Expense Reimbursement



Accounting Use Only

Document # \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

WPI ID # \_\_\_\_\_ Organization/Specific Program \_\_\_\_\_

Mileage Reimbursement					
Date	From	To	Mileage	Rate	Total

Other Reimbursements (Must Have Original Receipts Attached )			
Date	Name of Vendor	Description of Charges	Total

Total Reimbursement

Enter Account Distributions Here:				
Fund	Org	Account	Activity (Optional)	Amount

Total Account Distribution

Signatures:

\_\_\_\_\_  
Payee(must match Payee name above)

\_\_\_\_\_  
Date

Approved by:

\_\_\_\_\_  
*For SAO only -* Organization Treasurer (must differ from payee)

\_\_\_\_\_  
Date

\_\_\_\_\_  
*For SAO -* Director of Student Activities or Club Sport  
*All Other -* Financial Manager or PI

\_\_\_\_\_  
Date

\_\_\_\_\_  
Finance and Operations

\_\_\_\_\_  
Date