

**BROWN STUDENT ACTIVITIES - REQUEST FOR REIMBURSEMENT FORM**

- PRINT LEGIBLY. Must be completed by an authorized financial signatory!
- All reimbursements on same form must be from same account and to same person.

THE BOX BELOW IS THE MAILING LABEL, so write it as if you were addressing an envelope!  
 Use Campus Box 1930 as address to mail to SAO.

PAYABLE TO:   
 and  
 Address to send check

Today's Date

Originating Department: SAO

Use Campus Box 1930 as address to mail to SAO

BUDGET LINE ITEM <small>(use two digit code)</small>	YES/NO: Supplement with raised funds if inadequate funds in line item?	ITEMS OR DESCRIPTION  (1) Receipts or invoice must be attached!  (2) Include quantity, if applicable	AMOUNT
- If there are inadequate funds, SAO will process up to amount available. <b>TOTAL =</b> - Must comply with University policy & Brown First. - Reimbursements may take up to ten (10) days.			

<b>STUDENT ORGANIZATION NAME</b>	<b>PRINT NAME OF AUTHORIZED FINANCIAL SIGNATORY</b>
	<b>SIGNATURE OF AUTHORIZED FINANCIAL SIGNATORY</b>

**TO BE COMPLETED BY SAO:**

<b>CONTROLLER APPROVAL -</b>				<b>AUTHORIZED SAO SIGNATURE -</b>			
<small>CONTROLLER USE ONLY</small>		<small>TO BE FILLED IN BY ORIGINATING DEPARTMENT</small>				<small>CONTROLLER ONLY</small>	
<small>VENDOR NO.</small>	<small>GEO</small>	<small>PAYDATE</small>	<small>ACCOUNTING CODE</small>	<small>ACCOUNT DESCRIPT.</small>	<small>AMOUNT</small>	<small>CC</small>	<small>1099 GRR SC CR</small>
			6 38				
			6 38				
			6 38				

**SEND INVOICES IN DUPLICATE TO CONTROLLER BOX J FOR PAYMENT**

**SAO 2/17/05**