



PACIFIC LUTHERAN UNIVERSITY

Office of Student Engagement

Request Form for Reimbursements (**Under \$75**)

Please Reimburse: _____ PLU ID # _____ -- _____

Amount : _____ Club/ Organization Name: _____

Account Number: _____ -- 6 3 2 3 -- _____ -- 6 1

Reason for Expense (event, date, date of receipt):

For Office Use	
<input type="checkbox"/>	Account Verified
<input type="checkbox"/>	Copied

Student Attendees (if dining or entertainment) :

_____ (attached additional pages ___ of ___)

Requested By: _____ , Club/Organization Member Name

Club Officer Signature: _____

Approved By: _____ , Office of Student Engagement



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