



**ASSOCIATED STUDENTS, INCORPORATED
CALIFORNIA STATE UNIVERSITY, LONG BEACH
CASH REIMBURSEMENT REQUEST
(Request accepted on this form only)**

ACCOUNT TYPE Associated Students University Student Union

GROUP OR DEPARTMENT NAME

SPENT BY DATE

From which account(s) should this reimbursement be made?

					Amount to Charge
LINE 1 ACCOUNT NUMBER	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	\$0.00
LINE 2 ACCOUNT NUMBER	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	\$0.00
LINE 3 ACCOUNT NUMBER	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	\$0.00
LINE 4 ACCOUNT NUMBER	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	\$0.00
Total Amount of Reimbursement					\$0.00

Please describe the purpose and/or use of your purchase(s).

I certify under penalty of perjury that all goods itemized on the attached receipts have been received by me on behalf of the above group or department and were used exclusively for legitimate purposes in accordance with an ASI grant or ASI budget appropriation.

Requested by:			
Print Name	Signature	Date	Phone #

I certify under penalty of perjury that I am authorized to approve expenditures from the above account(s) in accordance with the ASI Policy on Signature Authority.

Approved by:			
Print Name	Signature	Date	Phone #
Approved by:			
Print Name	Signature	Date	Phone #

FOR OFFICE USE ONLY	
Account Balance	<input style="width: 100%;" type="text"/>
Verified by	<input style="width: 100%;" type="text"/>
Amount Received	<input style="width: 100%;" type="text"/>
Received by	<input checked="" type="checkbox"/>
Date	<input style="width: 100%;" type="text"/>

*Receipts must be attached to this form in order for reimbursements to be processed. **Copies of receipts will not be accepted.** Reimbursements over \$100 are not eligible for cash reimbursement and must be processed using the Check Request form.*