

## ***IPSA Pre-Approved Reimbursement Request***

<b>Organization:(ie NOWS etc)</b>	
Date of Expense:	
Person Requesting:	
Department & School:	
Dept. Address or Box #:	
Contact Person & Telephone:	
Account to be Debited:	
Amount Requested:	
Reason & Purpose of Expense:	
Detailed list of items to be purchased:  <b>Indicate if items purchased differ from those approved previously.</b>	
Place (if applicable):	
Persons Attending:	If applicable, include a list of students attending relevant event.
Reimbursement Payable to:	

***\*\*\*\*2 copies of purchase receipt must be submitted with request, and an additional copy should be kept on file by requesting organization!***

Approved by: \_\_\_\_\_  
Signature of Program Faculty Advisor

Approved by: \_\_\_\_\_  
Signature of IPSA Treasurer \*

\*Approval by IPSA Treasurer ensures that proposed expenditures have been reviewed and found to adhere to the scope and donor intent associated with this account.

Approved by: \_\_\_\_\_  
Signature of CIPECP Director

Approved by: \_\_\_\_\_  
Signature of Vice Chancellor for Academic Affairs\*

\*Approval by Vice Chancellor for Academic Affairs only extends to those expenditures included and approved on IPSA Expenditure Pre-Approval Request Form.

Account to be debited: \_\_\_\_\_ Date Submitted: \_\_\_\_\_ Reference Number: \_\_\_\_\_