

REIMBURSEMENTS

UPSTATE STUDENT GOVERNMENT
SUNY UPSTATE MEDICAL UNIVERSITY





FUNDS MUST BE APPROVED BASED ON USG GUIDELINES

APPROVAL IS GRANTED BY USG
DURING BUDGET REQUESTS
(FUNDRAISED MONIES ARE SEPARATE)

REIMBURSEMENTS

- Students can purchase items for events and get reimbursed
- Must have itemized receipt (Not always same as below)
- Receipt must show payment was made (Not always same as above)
- Tips for delivery and pick-up \$10 maximum regardless of total cost
- Taxes NOT reimbursed

INVOICES

- Classes and organizations can receive invoices from vendors
- Invoices can be processed in the form of a check
- Paperwork required 5 business days advance of needing the check
- Payment must be made upon delivery (no advance payments allowed)
- Deposits generally not allowed

REQUIRED DOCUMENTATION

- Original Itemized Receipt
- Receipts Showing Payment Made (can be on original itemized receipt)
- Check Request Form
- Class/Organization President & Treasurer Signatures

CAMPUS ACTIVITIES
CHECK REQUEST FORM



All check requests must be submitted a minimum of one week before date check is needed
(PLEASE PRINT CLEARLY)

• Today's Date: _____ • Date Check is Needed: _____

• Name of Organization/Class: _____

• Account #: _____ (Must Have Valid Account Number Before This Form Can be Completed)

• Name of Person Requesting Check: _____

Telephone #: _____

Upstate Email: _____

• Purpose for Which Check Will be Used: (Be Specific: date & type of event, item purchased, reimbursement, etc.)

• Amount of Check: _____

• Check Payable to: _____

(PLEASE PRINT PAYEE NAME CLEARLY)

Telephone #: _____

Upstate Email: _____

Check will be picked up at Bursar's Office Rm. 200, CAB

Please mail to: _____
(NAME)

(ADDRESS)

(CITY) (STATE) (ZIP)

**I CERTIFY THAT THE ABOVE EXPENSE WAS FOR ORGANIZATION/CLASS ACTIVITIES
AND ALL INFORMATION ON THIS FORM IS ACCURATE.**

(PAYEE NAME - PRINT) (PAYEE SIGNATURE) (DATE)

(AUTHORIZED NAME - PRINT) (AUTHORIZED SIGNATURE) (DATE)
(ORGANIZATION/CLASS PRESIDENT)

(AUTHORIZED NAME - PRINT) (AUTHORIZED SIGNATURE) (DATE)
(ORGANIZATION/CLASS TREASURER)

***PLEASE NOTE: THERE MUST BE TWO DIFFERENT NAMES/SIGNATURES ON THIS FORM.
YOU MAY NOT REQUEST A REIMBURSEMENT TO YOURSELF!
THE PRESIDENT AND TREASURER BOTH MUST SIGN!**

CHECK REQUEST FORM

Submit One Week Before Check is Needed

Purpose – Must include date, type/title of event, and purpose of expense

Tips - \$10 max for deliveries

Taxes – NOT REFUNDABLE

Forms Turned In To:
CAB Information Desk or
Campus Activities Office CAB 202
Attach original itemized receipts

President AND Treasurer Must Sign

May Not Reimburse Self

REIMBURSABLE EXPENSES

USG FUNDS

- USG Approved Event Expenditures
 - Supplies
 - Food
 - Transportation
 - Gratuity
 - Give-Aways (gift cards not allowed)

FUNDRAISED MONIES

- Donations
- Group Clothing
- Gifts
- New Events (events not originally approved through USG budget process)