



## Undergraduate Student Government Association

# Reimbursement Application

## Checklist Sheet

**All requirements shown below must be fulfilled to process the reimbursement application. Incomplete applications will be returned to the organization.**

- Complete Reimbursement Application Cover Sheet
- Obtain Itemized Receipts Denoting Method of Payment
  - Receipt must be Original Copy
  - Receipt cannot be Highlighted
  - Receipt cannot Contain Personal or Other Miscellaneous Items
- Obtain Signed and Dated Form W-9
  - “Name” must be Name of Organization as it Appears on Engage
  - Under Box 3, check “Other” and write “Non-profit”
  - “Address” must be 1400 University Boulevard, Room 230, Birmingham, AL 35233
  - “Social Security Number” must be Left Blank
  - “Employer Identification Number” must be Filled
  - The person who applied for the EIN must sign the W9
- Obtain Flyer for Event or Meeting
  - Must Contain Event Name and Host Name
  - Must Contain Date, Time, and Location
  - Must Contain USGA Logo or State “Co-Sponsored by USGA”
  - Must Contain Target Audience (Example: “Open to All UAB Students”)
- If Meeting or Event is not Open to All UAB Students
  - Obtain Meeting Agenda or Event Itinerary
  - Obtain List of Attendees
- Obtain Screenshot of Attendance from Engage (Only once event tracking begins)

**Reimbursement time may take up to one month from the date that application is completed and received. The president/primary contact listed on Engage will be contacted once the check is ready to be picked up. Checks not deposited/cashed within six months are automatically voided irreversibly.**



**Undergraduate Student Government Association**  
**Reimbursement Application**  
**Cover Sheet**

**Organization Information**

Organization Name: \_\_\_\_\_

Organization Contact: \_\_\_\_\_ UAB Email: \_\_\_\_\_

**Event Information**

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Event Description: \_\_\_\_\_

Event Goals & Objectives: \_\_\_\_\_

Goals & Objectives Achieved? Y | N

Audience Size: Target \_\_\_\_\_ | Actual \_\_\_\_\_

**Expense Record**

To Be Completed by Applicant			To Be Completed by Director of Funding or VP of Finance	
	Item	Cost	Allocated Amount	Reimbursement Amount
1				
2				
3				
4				
5				
		<b>Total Cost</b>		

**Verification (Signature)**

Director of Funding or VP of Finance: \_\_\_\_\_ Date: \_\_\_\_\_

Assistant VP of Student Experience: \_\_\_\_\_ Date: \_\_\_\_\_



**Undergraduate Student Government Association**  
**Reimbursement Application**  
**Receipts Sheet**

**Organization Name:** \_\_\_\_\_

**Event Name:** \_\_\_\_\_

**Line Item:** \_\_\_\_\_  
**Amount:** \_\_\_\_\_

**Line Item:** \_\_\_\_\_  
**Amount:** \_\_\_\_\_

**Attach Receipt Here**

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