

SPLASH Reimbursement Form

Please **print** legibly

Paperclip (**DO NOT STAPLE**) any relevant receipts to this form.

Please ensure all receipts are itemized and carry the name of the vendor.

DEADLINE: Turn in your reimbursement forms along with your receipts by **November 15th, 2011**

Name: _____

(As you want it to appear on the check)

Mailing Address: _____

E-mail: _____

Class: _____

Number and Name: _____

(e.g. "H123: Balsa Wood Construction")

Number of sections: _____

Number of students for each section: _____

Total amount to reimburse: _____

Please fill out the below information for each receipt you are submitting:

	Vendor	Items on the receipt	Amount			Total
			Food	Copies	Other	
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
e.g.	CVS	Glue Sticks, tape, paper clips, M&Ms	\$2.25	N/A	\$12.35	\$14.60
	Bookstore	Colored pens	N/A	N/A	\$5.00	\$5.00

PLEASE NOTE: Due to budget constraints, ESP will not reimburse more than \$30/section without admin approval. Please e-mail finance@stanfordesp.org if you want to spend more than \$30 on your section. Be sure to include any response when you submit this form.