

**Georgia Institute of Technology**  
**Expense Reimbursement/ Purchase Form**  
**Student Organization Finance Office**  
**353 Ferst Dr. Smithgall (Flag) Building, Suite 141 Room 142**

Date Submitted: \_\_\_\_\_ **Please Note: Reimbursement requests must be submitted within thirty (30) days of the date on the receipts or invoices.**

Payee Name: \_\_\_\_\_ GT Student/Employee ID # \_\_\_\_\_

Payee Address: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Description of Expense: \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_ Please attach **original itemize** receipt (s) securely tape to an 8.5" x 11" piece of paper to permit audit and document scanning.

Expense To Be Charged From: SGA Budget \_\_\_\_\_ SGA Bill \_\_\_\_\_ Line # \_\_\_\_\_ Amount: \_\_\_\_\_  
Agency Acct. \_\_\_\_\_ Parent's Fund \_\_\_\_\_ GT Foundation \_\_\_\_\_

Name of Account/Organization: \_\_\_\_\_

Organization Officer's Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Officer's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Officer's Contact Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**For employee reimbursements, employee must sign, below. " I certify that purchase was made using personal funds and supports Institute business. I have not received nor will seek reimbursement from any other source for any portion of the expense claimed."**

Payee / Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Processed By: _____	Date: _____	Approved By : _____	Date: _____
<input type="checkbox"/> Check Request Form	<input type="checkbox"/> Employee Reimbursement Form	<input type="checkbox"/> Travel Form	
Date Submitted to : A/P _____ Check # _____ Check Issued Date : _____			
<input type="checkbox"/> Petty Cash Form --	Pick up By: _____		Date: _____

# **Reimbursement Documentation Checklist**

## **Conference / Competition Registration Fees**

\_\_\_ Registration Form / Confirmation Receipt    \_\_\_ Name of conference / competition attendees  
\_\_\_ Conference Flyer / Agenda / Brochure

## **Travel – Use SOFO’s Simplified Travel Reimbursement Form**

Travel by Cars: \_\_\_ Declared business mileage    \_\_\_ Date / Origin/ Destination ( need to be completed)  
\_\_\_ Gas Receipt(s)    \_\_\_ List of travelers

Travel by Air: \_\_\_ Flight Itinerary    \_\_\_ Payment Receipt

Travel by Car Rental / Van Rental: \_\_\_ Rental Receipt    \_\_\_ Gas Receipt(s)    \_\_\_ List of travelers

## **Honorarium Speaker Fee / Professional Service / Coaching Fee / Instructor Fee**

\_\_\_ Vendor Profile Form    \_\_\_ Service Invoice    \_\_\_ Event Flyer    \_\_\_

Catering / Food Service: \_\_\_ Caterer’s Invoice    \_\_\_ Attendee List    \_\_\_ Meeting Agenda    \_\_\_ Group Meal Form

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**Purchase above \$1,000 ( will not be reimbursed to individual ). Purchase Order must be processed through SOFO by submitting purchase request along with following documentations:**

\_\_\_ Store / Vendor’s Price Quote (Item description, unit cost, quantity ...)

\_\_\_ Present financial support from other ON or OFF campus funding sources  
(Agency / GT Foundation Accounts, in-kind donations, gift letters, corporate sponsorship)

\_\_\_ Present proof of the payment (cancelled check/ credit card statement / bank statement ) showing the evidence of the 1/3 balance of the actual cost that SGA did not fund.

\_\_\_ Sole Source Justification Form    \_\_\_ Insurance (Risk & Mgt.)    \_\_\_ Inventory Tag ( Property )

## **Purchase T-Shirt / Promotional Give-A-Way with GT Logo or Trade Mark**

**Must use GT Contracted Vendor with**

\_\_\_ Pre-approval letter issued from Communication & Marketing Department

\_\_\_ Copy of the art work print / design