

Non-CMU Affiliate Reimbursement Request 2024-2025

Form must be submitted within 30 days of purchase.

Receipts submitted over 90 days are considered taxable income & require additional paperwork.

<p>SUBMIT ORIGINAL RECEIPTS WITH FORM:</p> <ul style="list-style-type: none"> • Receipt must be itemized and show proof of payment • If receipt does not show proof of payment you must also submit banking statements with payee name, vendor name & last four digits of card number or canceled check image (front & back) • A bank/credit card statement by itself does not suffice as a receipt. 	<p>If you are not employed by CMU, you will receive an automated email:</p> <ul style="list-style-type: none"> • Follow emailed link and complete requested information. If electronic payment is requested, banking information can be provided. Note, banking info will not be necessary on subsequent reimbursement requests. • Failure to respond to email will delay reimbursement timeline or result in cancellation of reimbursement request.
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1.) ORGANIZATION INFORMATION (Please print clearly):

Organization name: _____

Authorized Signer name: _____

Authorized Signer signature: _____

Andrew ID: _____

Date: _____

AGENCY \$ _____

GIFT \$ _____

OTHER \$ _____

If Other, Indicate Account – crowdfunding, JFC Capital, etc

Line Item in JFC Budget

2.) NON-CMU AFFILIATE REIMBURSEE INFORMATION (Please print clearly):

Reimbursee's name *(Please use given or legal name):* _____

Email Address: _____

Reimbursee's Mailing Address:

Address Line

City, State, Zip

3.) PURCHASE DETAILS:

Detailed description of purchase (please provide who, what, when, where & business purpose for each receipt):

Please indicate if hazardous materials were purchased

Please indicate if gift or prizes purchased

Number of people attending *(Necessary if purchase involves food or beverages. If 5 or fewer people attended, include first and last names.):*

Date of Oldest Receipt *(if older than 90 days, attach W-9 or W-8/FNIF if international see front desk for forms)* _____

REIMBURSEMENT AMOUNT \$: _____

indicate if reimbursed amount is less than receipt total