

OLIN COLLEGE OF ENGINEERING

Student Request for Expense Reimbursement

Your request should be submitted within two weeks of incurring the expense.

Date of request:	<input type="text"/>	Student ID No.	<input type="text"/>
Name of student:	<input type="text"/>	Email (if not @students.olin.edu):	<input type="text"/>
Babson/Brandeis/Wellesley mailing address:	<input type="text"/>	Olin mailbox No.	<input type="text"/>
Name of course/activity:	<input type="text"/>	Course No.	<input type="text"/>
Name of professor/advisor:	<input type="text"/>	Is your current bank account on file for direct deposit? If no, see *** below.	<input type="checkbox"/>
Reason for purchase -- how item(s) relate to project (be specific):	<input type="text"/>		
Faculty approval of reimbursement request:	<input style="text-align: center; font-size: small; font-style: italic; color: gray; border: none; width: 100%;" type="text" value="_____/_____/_____"/>	MAXIMUM amount eligible for reimbursement:	<input type="text"/>
Budget (class or grant or research):	<input type="text"/>		

This form must be signed by a faculty member and accompanied by original receipts.
Each receipt must show the form of payment (credit/debit card, PayPal, or cash).
Tape your receipt(s) to an 8 1/2 x 11" sheet of paper and attach the sheet to this form.
 ***If it is not already on file, please complete and submit a Direct Deposit Form (Student Projects folder on Public drive).

Date of purchase	Vendor	Item description <small>If the receipt only shows a total, you must list each item.</small>	Amount
Total requested:			<input type="text"/>

You will receive cash for reimbursements of \$25.00 or less.

Acknowledgement of cash received (signature):	<input type="text"/>
Student signature	Date
GL account number/ account description:	<input type="text"/>