College of Public Health Student Association

Request for Reimbursement or Payment

Today’s date: ____________________________

Please check one:

☐ Request for reimbursement (original receipt for items purchased must be attached)
☐ Request for payment of invoice (invoice with name and address of payee must be attached)

Items that must accompany submission:

☐ Original receipt or invoice (please tape to a piece of paper if not 8½ x 11)
☐ OSF Form 3 for Reimbursement Request (available online, sign bottom of form only)

If payment for meeting:

☐ Sign-In Sheet (please use COPHSA Sign-In Sheet)
☐ Agenda (or meeting summary, including date, time and location of meeting)
☐ Copy of email or flyer announcing meeting

Please complete the following for Reimbursement Request (all items required):

Name ____________________________
Address ____________________________

Home Phone ____________________________
Work Phone ____________________________
Student ID Number ____________________________

Please complete the following if payment is for meeting:

Person submitting form ____________________________

Phone ____________________________
Sponsoring Organization ____________________________

Date of Event ____________________________

Students Invited

☐ All COPH students
☐ COPHSA Officers
☐ Other (please specify) ____________________________

Please provide a brief description of why items were purchased if payment is not for a meeting:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please make a copy of this form and all papers you are submitting for your own record. You may give this form to any COPHSA Executive Board Member for submission.

A member of the COPHSA Executive Committee must approve this request:

Approved By (signature) ____________________________
Name (please print) ____________________________
Position ____________________________
Date ____________________________