

Reimbursement Form

Club name: _____

Event date(s): _____

Contact information of person needing reimbursement

Name: _____

Home Address: _____

City, State, Zip: _____

Email or phone number: _____

UM ID#: _____

Reason for reimbursement (list event or service provided to the club):

List of attendees (if more than three lines, please attach list):

ITEMIZED receipts or invoice (with payer signature to indicate proof of payment if credit/debit card used)
Itemized receipt should list cost and description of each item purchased, including: food, beverages, alcohol (listed separately from other beverages), tax and gratuity. ALSO include signed receipt.

If reimbursement is being submitted 45+ days after event, please explain why:

***Please recall that when planning events that draw from Ross-allocated (non-carry forward) funds, the food and beverage expense may not exceed the following per person:**

Breakfast/Brunch: \$25

Lunch: \$25

Dinner: \$55

Alcohol: \$20 per person (in addition to food costs)

E-mail this form and the appropriate information listed above to:

MiRossAlumniClubs@umich.edu