



DEADLINE to submit form: **30 days AFTER Expense** (or before fiscal year end on June 30th)

Request Date:	_____	Name of Requestor:	_____
Pay To:	_____	Requestor's Email:	_____
Address:: (incl. apt/unit #)	_____	Requestor's Phone #:	_____
City, State ZIP:	_____	Committee/Group:	_____
WSU ID #:	_____	Event/Program Name:	_____
Email:	_____	Program/Gift Account #:	_____
Phone #:	_____	\$ Split Details (if applicable):	_____
WSU Affiliation:	_____	MAX \$ / NOT TO EXCEED:	\$ _____ (including tax & fees)

Event Date:	Event Time:	Estimated Attendance:
Event Location/Building:	Event City:	
Purpose of Event or Expense:		

Please use a separate line for each itemized receipt/invoice (include tax, shipping, gratuity, etc. in the amount column).

#	Supplier/Vendor Name (on receipt)	Description (if multiple events, include event name & date)	Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Check all that apply: _____ Attach additional pages if necessary

- ☐ **Food & Beverages:** ☐ Request to Serve Food form, **required for CCE & CFSL**
☐ Open to the Public ☐ Attendee List ☐ Catering/Scheduling Confirmation (attached)
☐ **Prizes:** ☐ Prize Distribution Log ☐ Sub. W-9s

Comments: _____

GRAND TOTAL

Approvals	Print/Type Name	Signature	Date
Committee:			
SES Advisor:			

Please email this **completed and approved Non-Travel Reimbursement Request** form and all supporting documentation (confirmations, invoices, receipts, attendee lists, agreements, etc.) to getinvolved.finance@wsu.edu.

NOTE: All receipts and invoices must be itemized (showing all items, quantities, costs, shipping, tax, gratuity, etc.).

For further purchasing information, please visit: <https://getinvolved.wsu.edu/forms>