

# PHI SIGMA PI REIMBURSEMENT FORM

Beta Mu Chapter @ The George Washington University

Complete questions #1-7 and attach any receipts.

## TO BE COMPLETED BY BROTHER:

1. Date submitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2. Printed Name: \_\_\_\_\_

3. Brother Signature: \_\_\_\_\_

4. Submitting form as (*circle one*): Brother / Committee Chairperson / E-Board Member

5. Submitting form on behalf of \_\_\_\_\_ Committee (*if applicable*).

6. Total amount of reimbursement: \$ \_\_\_\_\_. (*Receipts **MUST** be attached!*)

7. Please detail your expenses below:

## TO BE COMPLETED BY TREASURER:

8. Date Paid: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

9. Check Number: # \_\_\_\_\_

10. Treasurer Signature: \_\_\_\_\_