

University of Idaho College of Law

Reimbursement Request – SBA Accounts

Organization Name: _____

Submitted By: _____ Student ID: _____

Person to be Reimbursed: _____ Student ID: _____

Receipts (List and attach ORIGINAL copies):

	Business	Amount
1	_____	\$ _____
2	_____	\$ _____
3	_____	\$ _____
4	_____	\$ _____
5	_____	\$ _____

Total Reimbursement \$ _____

Event & Reason for Reimbursement:

Name of Faculty/Staff Attendees (List UI Employees Only):

Other Comments:

