



# DELTA UPSILON

INTERNATIONAL FRATERNITY

## DU FINANCIAL REIMBURSEMENT FORM

1. Fill out this form completely.
2. When filling out the form be sure to include what part of the budget you reimbursement reflects, i.e. recruitment/house manager.
3. Submit this completed form and receipt no later than 14 days after the date on the receipt.
4. The receipt must be stapled to the top left-hand corner on the back of this form.
5. All receipts turned after the 14 day period will be disregarded.

Detailed explanation of purchase:

Receipt date: \_\_\_\_\_

Amount of requested reimbursement: \_\_\_\_\_

I, as the party responsible for seeking financial reimbursement, do hereby certify that the information on this form is accurate, and acknowledge that I am the point of contact for this transaction, should any problems or questions arise.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Officer Responsible for budget: \_\_\_\_\_

Officer Sign: \_\_\_\_\_ Date: \_\_\_\_\_