



Reimbursement Form

Society of Automotive Engineers
Cal Poly, San Luis Obispo



Team	Expense Type
<input type="checkbox"/> Formula	<input type="checkbox"/> Parts/Service
<input type="checkbox"/> Baja	<input type="checkbox"/> Travel
<input type="checkbox"/> Supermileage	<input type="checkbox"/> General
<input type="checkbox"/> SAE Club	

Treasurer Information
Date Received _____
Amt Requested _____
Date Submitted _____

Description	Vendor	Purchase Date	Amount
Total			

Expense claimed by (please print)	Signature	Date
Cal Poly e-mail address (please print)		
Team lead (please print)	Signature	Date

Before reimbursement can be filed the following must be attached to this form:

- All original receipts
- Photocopies of all receipts
- Credit card statements for all online and phone orders