Columbia COLLEGE CHICAGO | Cinema and Television Arts

Expense Reimbursement Request Form

Student's Name:		Oasis ID:	
Email:		SSN#:	
Phone:			
Street Address:			
City | State | Zip:		-	

Class:	-	Date:	
Project Title:			
Instructor's Name:			
Instructor's Contact:			

Itemized Expenses

click for NFPG site

Reciept: Y/N	DESCRIPTION	CATEGORY	COST
-		-	
-		-	
-		-	
-		-	
-		-	
-		-	
-		-	
-		-	
-		-	
-		-	
-		-	
-		-	
-		-	
-		-	

SUBTOTAL:

Less Received:

TOTAL REIMBURSEMENT:

Note: Less Received Are Costs That CANNOT Be Approved [no reciept, category not covered, etc.]

Don't forget to attach receipts!

All information requested above will be used solely for the process of reimbursement. Checks will be processed and delivered 3-4 weeks from date this form and all reciepts are turned in. Only original receipts/invoices will be accepted.

Student's Signature Date

Approval Signature Date

CATEGORIES

Equipment | Facilities | Tools/Materials | Supplies | Fabric/Costumes | Catering | Transportation | Marketing | Professional Services | Talent | Other