Graduate Student Senate
OHIO UNIVERSITY

Graduate Student Senate Authorization for Reimbursement Form

This form is not valid unless signed by the Vice President for Administration and Finance or the President of the Graduate Student Senate

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Date _____

Name/PID of student requesting reimbursement _____

Name and Description of Event _____

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Date of Event _____

Amount Requested _____

Receipt attached Y / N

If no receipt is currently available, please provide a date that the receipt will be provided, as well as an itemized list of planned items and expected costs in the space provided.

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The Ohio University Graduate Student Senate herby authorizes a reimbursement in the amount of _____ to the student listed above. The Graduate Student Senate retains the right to request a stop payment for this reimbursement should any of the above information be proven fraudulent. The reimbursement will be direct deposited to the student's authorized bank account unless otherwise specified.

Authorized Signature of Graduate Student Senate Vice President of Administration and Finance or (if necessary) his or her official designee, the President of the Graduate Student Senate _____