



Supplies/Equipment Reimbursement Form

1. Please complete every line.
2. Tape receipt on back. Staple full-page receipts.
3. Use ONE form for each receipt.
4. Please sign below.
5. Turn in completed forms at the Sherwood Center Office. There is a tray on the counter.

Who is the person requesting reimbursement: (Sign below)

Whitman ID # : Amount: $

Name for check to be made out to:
Number of people the receipts represent: (How many people are using these Supplies/Equipment?)

What Club Sport:

Did you pay tax?	Yes	No
Why you purchased these Supplies/Equipment: (ex. Team event, Nationals)		
Alternate address for mailing:		

By my signature below I certify that to the best of my knowledge:

1. The expenses detailed above have not been nor will not be reimbursed by any entity other than Whitman College.
2. The expenses detailed above were necessary to the business purposes of Whitman College and were appropriate and reasonable in nature.

Employee/Student Signature _____