



## Request for Reimbursement/Cash Advance

Name:

Millsaps Box

Organization:

Date Request Filed:

Amount of Expense:

Date Expense Occurred:

Explanation of Expense (List each expense separately in the space provided below):

Description	Subtotal
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
<b>Total:</b>	

Original receipt **must** be attached to this form.

\*Please return this form to SBA Treasurer **Caitlin White** (Box 151535) or to the Office of Student Life.