

CAL POLY

SAN LUIS OBISPO

Mechanical Engineering
Department

Reimbursement Form (for supply purchases)

**** Please include all original receipts with this form. Tape down loose receipts to an 8.5 x 11 paper (for scanning).**

**** Receipts must say: "PAID IN FULL" or "Balance \$0.00". Otherwise, you will need to provide a copy of your credit card statement.**

Name: _____ Phone #: _____

Email: _____@calpoly.edu **OR** _____@_____

Total of (original) receipts: \$ _____

Summary of expenses: _____

This reimbursement is for: (check one)

Name of Club: _____

Thesis Project: _____

Faculty Advisor: _____

Senior Project (include team name): _____

For Department Use Only

Date Received: _____

Received By (Initials): _____

Funding Information: _____

State Corp.