

**CAL POLY**  
SAN LUIS OBISPO  
Mechanical Engineering  
Department

**Reimbursement Request Form (for supplies/materials)**

**\*\* 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 Number: \_\_\_\_\_

Email: \_\_\_\_\_@calpoly.edu **OR** \_\_\_\_\_@\_\_\_\_\_

Total of (original) receipts: \$ \_\_\_\_\_

Summary of expenses: \_\_\_\_\_

This reimbursement is for: (check one)

Senior Project (include project name): \_\_\_\_\_

Thesis (include title): \_\_\_\_\_

Club or other project (include club or project title): \_\_\_\_\_

Faculty Advisor (print name): \_\_\_\_\_

Advisor Initial: \_\_\_\_\_

**- For Department Use Only -**

Date Received: \_\_\_\_\_

Received By (Initials): \_\_\_\_\_

Funding Information: \_\_\_\_\_

State

Corp.