

SOUTHERN SCHOLARSHIP FOUNDATION

Request for Disbursement/Reimbursement

Head Resident: _____

Requested For: _____
House Social / Foundation Social / Wish List

House: _____

Approved by: _____
DSA Approval

Date Submitted: _____

Other Instructions: _____

All expenses must include a business purpose for the expenditure with enough detail for a reviewer to understand and approve the request. Use additional lines if needed.

Date	House	Reimbursement or Wish List	Amount	Business purpose, include why, what items, where and who
Expense Total			\$ -	

Instructions:

Please staple receipts to this form.

Explain the reason if receipts are not available.

Incomplete forms, including missing numbers, or improper signatures, will be returned to the House