



REIMBURSEMENT REQUEST FORM

**DUE 3 WEEKS PRIOR
TO PAYMENT**

Please return to Jason Harrington, Coordinator of Sport Clubs, Dept of Recreational Sports
Lamar University, P.O. Box 10038, Beaumont, TX 77710

All orders, regardless of price, need price quotations with their formal letterhead showing all shipping and tax charges and attached to with form upon submission.

Date:	
Club:	
Person Filing Request:	
Phone:	
Email:	

Club Member To Be Reimbursed Information	
Club Member's Name	
Address:	
Phone:	
SS # & L# or T#	

Quantity	Unit Costs	Total Costs	Item # (If applicable)	Item Description
SHIPPING				
TAX				
TOTAL COST		\$ -		

PLEASE ATTACH QUOTE OR PAYMENT AGREEMENT

FUNDS TO BE USED:	
Sport Club Funds	
Fundraised Funds	

Item Description

If Equipment: Where will items be stored?

If Equipment: What is the expected life span?

Item is considered to be: (Check One)			
Essential		An Enhancement	A Convenience

Club President Signature _____ Date _____

Club Advisor Signature _____ Date _____

Sport Clubs Coordinator Approval:	
APPROVED	
DENIED	

Sport Clubs Coordinator _____
Date _____