

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE
DEPARTMENT OF RECREATION AND TOURISM MANAGEMENT
REQUEST FOR PLAYDAY REIMBURSEMENT

Please print neatly and clearly, in order for you to be reimbursed by CSUN Accounts Payable Department.

Date _____

Please reimburse _____ \$ _____
(Student Name) (Amount)

Student ID # _____

Approved by RTM 305 Professor

Instructions:

1. Original receipts **MUST** accompany all requests.
2. Complete this form and an itemized "Accounts Payable Disbursement Voucher" form and attach your original receipts and give them to your RTM 305 professor one week following your purchase.
3. Itemize each receipt on a separate "Accounts Payable Disbursement Voucher". Attach original receipts. If vendor name is not printed on receipt, please *handwrite* it on the receipt. Student's name should also be printed on each receipt. Write on the receipt exactly what was purchased if receipt is unclear.
4. Be sure to sign the Accounts Payable Disbursement Voucher on the "employee signature" line; leave the other spaces blank except for the listing and cost of your items.

-----CSUN Dept. of Accounts Payable will send a check to reimburse you by mail.

-----Please indicate below where to mail the check with your **CURRENT** address:

Student Name _____

Current/Valid Address _____

City, State, Zip Code _____

Phone Number _____

THANK YOU