



**COESA REIMBURSEMENT
REQUEST FORM
AY 2017-2018**

OFFICE USE ONLY:

Date Processed by COESA Treasurer: _____

APPROVED or REJECTED

Contacted Student Date: _____

Amount Approved _____ Initials _____

☐ GSA

REQUESTER INFORMATION:

NAME: _____

DU ID NUMBER: _____

TELEPHONE: _____

EMAIL: _____

MAILING ADDRESS (WILL BE USED IF YOU DO NOT HAVE DIRECT DEPOSIT)

SIGNATURES:

I acknowledge that I have read and agree to the terms of COESA's reimbursement policy, and I hereby acknowledge that submitting this form is in no way guarantee of funding for the partial or full amount requested. I certify that my answers on this form are true and correct. If I presented at or attended a conference or if I am requesting funding for a student event I hereby allow COESA to use the information and any pictures included in this reimbursement request for promotional purposes.

REQUESTER: _____ DATE: _____

For Student Organization Events and Expenses Only:

Student Organization Treasurer or President Approval:

NAME (President or Treasurer): _____

POSITION (President or Treasurer): _____

SIGNATURE: _____

DATE: _____

Have you receive conference reimbursements from COESA in previous years?

☐ YES ☐ NO

If yes, how much in total? _____

What quarter(s) and year(s) did you receive funding? _____

What is this request for funding related to:

☐ Conference Attendance:

Did you present?* YES ☐ NO ☐

- If no, please attach 1) a personal statement explaining how this opportunity developed you as a scholar/practitioner or promoted your academic/professional development, and 2) proof of conference attendance (name badge, registration, picture of you at the conference). Request forms will not be processed without these additional items.
- If yes, please attach 1) a letter of acceptance or program listing and 2) a personal statement describing your study and listing additional presenters and their affiliations with the University of Denver/MCE **and** how this opportunity developed you as a scholar/practitioner or promoted your academic/professional development. Request forms will not be processed without these additional items.

Are you requesting funding beyond the cost of registration (i.e. transportation or hotel for example)?

YES ☐ NO ☐

☐ Student Organization Event

Student Organization: _____ Department: _____

Event Name: _____ Event Date: _____

- Event Description: Please answer the following questions in your description (attach additional pages as necessary): 1) What was the purpose of the event, 2) How many students attended, 3) Where did the event take place, and 4) What were the outcomes from the event. Request forms will not be processed without this information.

Itemized list of Expenses:

Please refer to the 2017-2018 COESA Reimbursement Policies for what can and cannot be reimbursed.
Please attach original receipts to this form for all itemized expenses listed.

Description	Amount

Total Amount Requested: _____

For COESA Use Only:**Decision:**

APPROVED or REJECTED Total amount approved: _____

If rejected, explanation: _____

Additional Comments:

COESA Signature 1:

Name: _____

Signature: _____

Date: _____

COESA Signature 2:

Name: _____

Signature: _____

Date: _____