COLLEGE OF ENGINEERING
COMPUTER SCIENCE
VIRGINIA TECH.

CS Student Group Reimbursement Form

Request date:	
Student group name:	
Event contact and VT email:	
Event title:	
Event date/time:	
Event location:	
Event purpose/objective:	
Was this included in your approved budget?	
Invitees/Attendee list:	*Attach list or provide link to Google Doc*
Agenda:	*Attach or provide link to Google Doc*
Description of Purchases:	
Original receipts/invoices attached (**NO COPIES**):	
Amount requested:	
Dept. Only: **Fund #**	

Notes:

Approval: _____   **Date:**
          Robert Marcum, Business Manager