

**UD SPORT CLUBS REQUEST FOR REIMBURSEMENT**

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Sport Club \_\_\_\_\_ Account Code \_\_\_\_\_

Amount of Reimbursement \$ \_\_\_\_\_ . \_\_\_\_\_

Person to be reimbursed: \_\_\_\_\_

\* SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ United States Citizen? YES NO

*If you are not a United State citizen, you are required to submit a UD-W8 form. This form is for reimbursements/expenditures authorization for non-U.S. citizens and is a required form for reimbursements paid through University of Delaware. To get a UD-W8 form, go to the Office of Foreign Students website: <http://www.udel.edu/ofs/>. Select the forms tab, item #24.*

ARE YOU A UNIVERSITY OF DELAWARE EMPLOYEE? YES NO

Complete mailing address: \_\_\_\_\_  
\_\_\_\_\_

Purpose of expenditure(s): \_\_\_\_\_  
\_\_\_\_\_

\* Required for travel reimbursemen: \_\_\_\_\_ \* Where: \_\_\_\_\_  
\* When: \_\_\_\_\_ \* What Event \_\_\_\_\_

Attach receipts to this form and bring to 106 or 107 CSB. **RECEIPTS MUST BE NO OLDER THAN 30 DAYS.**

Your signature below certifies that the statement below is a true and accurate statement of expenses incurred in the proper execution of official club duties.

*I certify that the attached is a true and accurate statement of expenses incurred in the proper execution of official club duties, in accordance with University policy.*

Reimbursee's signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

(If applicable) Employee ID# \_\_\_\_\_

Club officer's signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Office only:

Approved Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\* Required for reimbursement.  
If you do not want to disclose this information on this form, provide a contact phone number so we can call you for the information: \_\_\_\_\_