

BC STUDENT Reimbursement Form

Use this form to request reimbursement for expenses incurred. This form should NOT be used for compensation or payment for services. Please complete all information below.

Today's Date: _____

Reimbursement Requested for:

Student Name: _____ Eagle ID #: _____

Permanent (home) Address: Number and Street _____

City, State and Zip: _____

Phone: _____ Email: _____

Are you currently a paid student employee at Boston College? Yes No

All student reimbursements are paid via direct deposit. If you are not already signed up to receive REIMBURSEMENTS via direct deposit click on the link below

[Student Direct Deposit Form](#)

Completed direct deposit form can be submitted with this request or faxed directly to the Accounts Payable office at 617-552-0661. If you do not sign-up for direct deposit for REIMBURSEMENTS your check will be mailed to your permanent (home) address.

Expense Date: _____ Total Reimbursement Requested: _____

Description of Expense/Business Purpose: (Attach ALL associated receipts): _____

Chartstring:

<u>Dept ID</u>	<u>Fund</u>	<u>Fund Source</u>	<u>Program</u>	<u>Function</u>	<u>Property</u>	<u>Account (SABSC Use)</u>

Reimbursement Requested by:

Name: _____ Club Name: _____

Phone: _____ Email: _____

Approvals

1st Authorization Name: _____ Signature: _____ Date: _____

2nd Authorization Name: _____ Signature: _____ Date: _____

----- *For Internal Office Use Only* -----

Voucher/Expense # _____ Date: _____ Processed by: _____

Comments: _____