

Reimbursement Anticipation Request

GRAND CANYON UNIVERSITY™

Date: _____

Name: _____

Contact Number: _____

Contact Email: _____

Student Organization/Club Name:

Advisor Name: _____

Advisor Signature: _____

Treasurer Signature: _____

Amount anticipated to be withdrawn:

Check made out to:

Pick-Up or Deliver to (include mailing address):

Purpose for Withdrawal (select all that apply and include description):

Fundraiser: _____

Event: _____

Other: _____

- Invoice attached
 Budget proposal attached

- W-9 attached
 Previously Provided

For office use only:

Itemized Receipt Turned in on: