



Rutgers University
Student Activities
Business Office

Program Expense Reimbursement Report (PERR)

PURPOSE: The Student should complete this form when an approved reimbursement is being requested. Out of pocket expenses are limited to \$300.00 maximum. The completed, signed and approved Program Expense Reimbursement Report (PERR) with all appropriate receipts attached to the back should be submitted within 30 days of expense to the Student Activities Business Office at the Student Activities Center at 613 George St. New Brunswick, NJ 08901. **There is no need to do an on-line check request for this reimbursement.** All reimbursements will be processed within 5 business days of receipt at the SABO office.

REQUEST DATE: _____

SABO ACCOUNT #: _____

LINE #: _____

ACCOUNT NAME: _____

PAYEE NAME: _____

Please list each receipt separately and describe the purpose of each expense. All receipts must be originals and must include the name of vendor where item was purchased from. Please use back of slip if additional room is needed.

| TRAN # | DESCRIPTION OF EXPENSE | AMOUNT |
|--------|------------------------|--------|
| | | |
| | | |
| | | |
| | | |
| | TOTAL AMOUNT | |

TREASURER/RA/GA NAME

SIGNATURE

APPROVER

APPROVER SIGNATURE

*Administrative Advisor, Assistant Director, or Resident Life Coordinator

Check can be mailed if preferred, please write out address: