

COM TEAM FUNDS REQUEST FORM

2018 - 2019

Guidelines for COM TEAM Reimbursements

1. **Submit all original and itemized receipts with the Funds Request Form** (*required*). Accounts Payable will not accept any reimbursement request unless there is proof of purchase.
2. **Attach an Attendee List** for meetings, gatherings or get-togethers of any kind for which food has been purchased or a caterer has been retained. **In order to receive reimbursement, at least 6 of the 9 first year students in your COM TEAM group must be present at meetings, etc.**
3. Reimbursement checks are received approximately 2-3 weeks after submission to Accounts Payable.
4. **No COM TEAM funds will be disbursed in advance.** Funds are distributed strictly by reimbursement.

COM TEAM GROUPS

P1	M1	C1	O1
P2	M2	C2	O2
P3	M3	C3	O3
P4	M4	C4	O4
P5	M5	C5	O5

Complete the following section:

Amount	
Payable To	
Local Address	
Social Security Number	
Phone	
Email	
Description of Purchase	
Requested By	
Signature & Date	

See the back of this page for more details...

COM TEAM Meeting Report Form

2018 - 2019

Group Number: _____

Faculty Members Present: _____

COM TEAM LEADERS Present: _____

Meeting Date & Time: _____

Brief Description of Meeting:

1st Year Students Present:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

1st Year Students Absent:

_____	_____
_____	_____
_____	_____
_____	_____