REGIONAL CAMPUS REIMBURSEMENT REQUEST

**INVOICE #0000**

|  |  |
| --- | --- |
| **PREPARED FOR**SOUTHEASTERN UNIVERSITY1000 LONGFELLOW BLVDLAKELAND, FL 33801 | **PREPARED DATE**MO DY, YR |

|  |  |  |  |
| --- | --- | --- | --- |
| **ITEM** | **REQUESTED % PAID BY SEU** | **AMOUNT PAID BY SITE** | **REIMBURSEMENT AMOUNT** |
|  | .50 |  |  |
|  | .50 |  |  |
|  | .50 |  |  |
|  | .50 |  |  |
|  | .50 |  |  |
|  | .50 |  |  |
|  |  | **TOTAL PAID BY SITE** | **TOTAL REIMBURSEMENT** |
|  |  | $\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_ |

***\*\* Please fill out this invoice AND submit all receipts for proof of purchase to*** [***this form***](https://extension.seu.edu/marketing-expense-reimbursement-request-form/)***\*\****