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Campus Resource Program Awards

Detail of Procedure Section of Treasurer Policies

The purpose of this document is to detail the process all members must follow to be awarded a reimbursement for allowable out of pocket expenses.

Anyone not adhering to these procedures will have their request rejected.

Effective immediately, you must use the form titled "Voucher for Reimbursement" to request awards and reimbursements of college or school expenses. If you have submitted for reimbursement requests in the past, you have a vendor number that must be listed on this form. If you have not submitted for reimbursement in the past, please request a vendor number during your membership on-boarding process.

Please also see the attached alert from our Board of Directors as to what types of expenses are considered appropriate for municipal expenditures under State finance guidelines. If the expenses you are requested reimbursement for do not fall within these guidelines, you will not be reimbursed.

Maximum Reimbursement Amount:

Kindergarten	\$62.50	Grade 6	\$150.00
Grade 1	\$75.00	Grade 7	\$175.00
Grade 2	\$75.00	Grade 8	\$175.00
Grade 3	\$85.00	Grade 9-12	\$200.00 (non-course)
Grade 4	\$85.00	Freshman-Sophomore	\$300.00
Grade 5	\$90.00	Junior – Senior	\$400.00

Name of Student (grade level) _____

School that the student attends

Please check one of the following: Receipts attached No Receipts

I certify that I have expended funds, in the amounts shown above, to purchase school supplies for the student(s) indicated

Signature of administrator _____ Date _____

Campus Resource Program Reimbursement Form

DOC: 12588cbU



Golden Greek and Brothers of Leadership are the frontrunners within our organization possessing key characteristics which make them exemplary business coaches and demonstrators. From being results oriented to strategically focused they are always regarded with the utmost respect and now, as part of our Campus Resource Campaign we are inviting educators—public school, private school, colleges and universities—to take part in earning their place amongst our leaders of tomorrow. *“You are a true success when you help others be successful...”* – Anonymous

Name: _____

First

Last

Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Title: _____

Reimbursement Request Amount: \$ _____ School Year: _____

Years in Service: _____

Email: _____ Phone No. _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Attach legible receipts or proof of payment

Please submit documents to: info@lisakstephenson-cybersisterhood.com subject: Campus Program

Voucher for Reimbursement



Date of Request _____

Member Status _____

Position Held _____

Check Payable to (Full Name) _____

Student

Mailing Address _____

1. Complete this form
2. Attach organized receipts. Tape receipts smaller than this piece of paper to a plain white paper. Multiple receipts may be taped to one paid. Clearly indicate which amount on receipt is.
3. Return to board secretary (address below)
4. The Board Secretary reviews, approves, or forwards to the finance manager for payment
5. 5. Receipts submitted more than 60 days from the date of the expense may be considered un-reimbursable.

Month of Expense	Amount	Expense Description (Books, Notepads, Pens, Folders etc.)	Total

Approvals

Board Secretary Name _____ Board Secretary Signature _____ Date _____

If a single expenditure is more than \$500 or a check is payable to the Board Secretary or Finance Manager (Treasurer), the Chairman of the Board approval is required.

For official Use Only Authorized Signature _____ Total Amount Due: _____ Check No. _____
