



REIMBURSEMENT REQUEST

Revision 2020.09.01

Date Submitted: _____

PAYEE INFORMATION

NAME:	
PHONE:	
ADDRESS LINE 1:	
ADDRESS LINE 2:	
CITY, STATE, ZIP:	

PURCHASE INFORMATION

Team Advisors will prepare and make available a team and/or program budget each year.

Mentors, Volunteers, and Students are expected to adhere to this budget. Overruns must be communicated to Team Advisors as soon as they are forecasted.

Purchases totaling over \$300 must be communicated to team advisors before being placed.

Remember that Charger Robotics is exempt from Wisconsin sales and use tax under sec. 77.54(9a) and 77.55(1), Wisc. Stats. (CES #047588). Team Advisors will make the Wisconsin Sales and Use Tax Certificate of Exempt Status (CES) available upon request. This document should be presented at purchase or as directed

DATE	REF. / DEPT.	DESCRIPTION	VENDOR	AMOUNT	QTY	TOTAL COST

TOTAL REQUESTED: _____

These purchases were made specifically to support Charger Robotics, and with Charger Robotics' best interest in mind.

By submitting this form I confirm that the information given in this form is true, complete, and accurate.

I have attached receipts, purchase orders, and/or other evidence of purchase(s) to substantiate these claims and provide clarity. Requests submitted without accompanying receipts or evidence of purchase are considered incomplete and will not be reimbursed.

I acknowledge that this is a request for reimbursement and that payment is at Advisor discretion.