Reimbursement Request Form
Asian American Cultural Center at Yale University

Person/Group to Reimburse:

Transaction Date:

Reimbursement due: $

Event Title:

Number of Attendees*:

*If fewer than 11 attendees, please write names here:
- Group

AACC Student Organization (please specify which organization):

Center Staff Team:

Peer Liaison College(s):

What did you purchase (provide as much information as possible)?

____________________________________________________________________________

Below to be completed by AACC Pro-Staff (Director/Assistant Director)

Approved by: ________________________________________________________________

Date: _______________________________________________________________________

**Please attach flyer/email for event and all original/receipts

***Be sure to ask for a transaction receipt (i.e. VISA 1234 or CASH $12.34)
and an itemized receipt (lists all purchases made)