WILLIAM S. BOYD SCHOOL OF LAW STUDENT BAR ASSOCIATION
BOARD OF GOVERNORS FUNDING DISBURSEMENT AND
REIMBURSEMENT FORM

(Please submit this form to Kerry Martinez)

READ THE FOLLOWING INSTRUCTIONS CAREFULLY. FAILURE TO DO SO WILL RESULT IN
YOUR DISBURSEMENT/REIMBURSEMENT BEING DELAYED OR DENIED.

1. Everyone must fill out PART A and PART B, below, to receive reimbursement.

2. You will only receive disbursement or reimbursement for items already approved by the SBA Board as part of
your budget. Your request may not exceed the amount approved by SBA Board. List your items for
disbursement/reimbursement with specificity; if these items cannot be correlated to a line item on your student
organization's SBA Board-approved budget, you will not receive funds.

3. Attach all ORIGINAL receipts to this form. Receipts for reimbursement must show a zero balance (the receipt
must show that payment was made in full). If the receipt you get from the vendor does not indicate this, you
must have the vendor place this on the receipt.

PART A (attach additional sheets as needed)

<table>
<thead>
<tr>
<th>DESCRIPTION OF PROGRAM, COMMUNITY SERVICE, OR EVENT (Who, What, Where, When)</th>
<th>PERSON AND STUDENT ORGANIZATION REQUESTING FUNDS (Contact # &amp; Email)</th>
<th>DESCRIPTION AND QUANTITY OF ITEM(S) BEING ORDERED</th>
<th>AMOUNT REQUESTED</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMOUNT APPROVED BY SBA</td>
</tr>
<tr>
<td>$</td>
</tr>
</tbody>
</table>

PART B

Name of person to be reimbursed: ________________________ NSHE ID: ________________________

(Please note: ONLY individuals can be reimbursed, not organizations)

Address:

<table>
<thead>
<tr>
<th>Street</th>
<th>Unit (if applicable)</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Phone Number: ________________________ E-mail: ________________________

Form of Payment Made (write "Cash," "Check," "Credit Card," or "Debit" here):

(Please note: Reimbursements will be by check ONLY; not other form of reimbursement is possible)

APPROVALS:

Associate Dean, Administration and Student Affairs ________________________ Date ________________________

Administration Disbursement ________________________ Date ________________________

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