**REQUEST FOR REIMBURSEMENT – AMBASSADOR AND FCS AWARDS**

*CE-FCS Ambassador, Burns, Clark, DeMond, Fitch, Logue, Manning, and Spivey*

Follow procedures outlined in the ***Guidelines for Purchases and Reimbursement*** included with your award notification. Forms are also located on Canvas under OCES-FCS Resources/Grant Applications and Information. Revised 4-27-2020.

Complete a **separate form for each claimant** and submit as follows:

 If **original receipts are paper**, mail to: Kimberly Nolting, OSU Family & Consumer Sciences

135 Human Sciences, Stillwater, OK 74078

 If **original receipts are electronic**, email to: kimberly.nolting@okstate.edu

 Questions? Email or call Kimberly Nolting 405-744-6280

**Date** **Total Amount Requested** $

**Claimant** (make check payable to):

 *person/group/agency to be reimbursed –* ***only one claimant per form***

**Claimant Address** (mail check to):

**Type of Award** □Ambassador □Fitch □Burns □Clark □DeMond □Manning □Spivey □Logue □Other

**Project Name** (as shown on award letter)

 **Year granted**

**Contact Person**

 **Email** **Phone**

1. Enter information below for each receipt. Use the continuation sheet if more space is needed.
2. List only expenses made by claimant shown above (use a separate form for each claimant).
3. Only expenses on approved budgets are eligible for reimbursement. Budgets cannot be overspent.
4. For food receipts, include the ***Form to Submit with Food Receipts****.*

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| --- | --- | --- | --- |
| **Date on receipt** | **Vendor** | **Receipt Amount** | **Approved Budget Category**(if receipt includes items from more than one budget category, indicate category for each item) |
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| **TOTAL** |  |  | □ check here if using a continuation  sheet |

**Submit this form with original invoices/receipts and proof of payment as detailed below:**

•Original itemized invoice/receipt should show purchase details, date, vendor, and form of payment.

•Include the following information with receipts, depending on form of payment:

 ◦CASH – Write on the receipt the name of the person who paid for purchase.

 ◦CREDIT – Write on the receipt the cardholders name. Receipt should include last four digits of credit card. Reimbursements cannot be made for p-card purchases.

 ◦CHECK – Include proof of payment (copy of cleared check and/or bank statement). If original payment was made by county agency check, write on the proof of payment “original receipts required for county records.” – This is the only case where copies of receipts are accepted, and OSUF may require access to original receipts in case of audit.

**Continuation Sheet
for Request for Reimbursement – Ambassador and FCS Awards**

**Claimant**  **Date**

**Project Name/Year Granted**

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| **Date on receipt** | **Vendor** | **Receipt Amount** | **Approved Budget Category**(if receipt includes items from more than one budget category, indicate category for each item) |
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|  | **Total from previous page** |  |  |
|  | **Total Amount Requested** |  | *Final total for this Claimant’s request* |

**OSU Extension – Family & Consumer Sciences
Form to Submit with Food Receipts**for reimbursement from funds held at the OSU Foundation

**Expenses must be included in pre-approved budget designation.**

**Date and location** of demonstration, meeting, or event:

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**Title and purpose** of demonstration, meeting, or event:

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**If demonstration**: List the name(s) of instructor(s) and describe the demonstration (recipe, technique, meal planning, equipment, etc.):

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Describe the **target audience**, and **how you make them aware** of the event?

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List names below (or attach separate list) of people who were fed. According to OSU and OSU Foundation regulations, events with food purchases must include people from outside OSU (non-employees), or have pre-approval from administration if only employees are included.

OSU Employees fed:

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Non-Employees fed:

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