|  |
| --- |
|  ORCA REIMBURSEMENT |

**INSTRUCTIONS:**

1. You must be a Highline College student to qualify for a reimbursement
2. Fill out student section
3. Sign and return with the original receipts or e-purse print off to the Cashier’s Office in Building 6
4. A check will be mailed to your address listed on online services
(please allow up to 2 weeks for delivery)
5. Only turn in if we owe you **$10.00 OR MORE** (you can add months together)

**STUDENT SECTION**

|  |
| --- |
| **NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MONTHS/YEAR RECEIPTS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**STUDENT ID #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TOTAL OF RECEIPTS:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**SIGNATURE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

BUSINESS OFFICE USE ONLY

**ACCOUNTING SECTION**

|  |
| --- |
| **15% OF RECEIPTS (NOT TO EXCEED $17.55 PER MONTH**) $\_\_\_\_\_\_\_\_\_\_\_**ACCOUNTING MANAGER APPROVAL** \_\_\_\_\_\_\_\_ **DATE**\_\_\_\_\_\_\_\_\_\_ |

**ACCOUNTS PAYABLE SECTION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TRANS CODE** | **APPR** | **PRG** | **ORG** | **SSOBJ** | **AMOUNT** |
|  | **528** | **252** | **1J18** | **EA28** |  |
|  |  |  |  |  |  |

17085 4/17