



ALMA MATER SOCIETY MEMORANDUM

Name of the Organization_____

Main Account Code_____ Name of Treasurer_____

Date:(MM-DD-YYYY) _____ Contact Info (Email)_____

Reason for Reimbursement through memorandum:

Reimbursement for: Treasurer Other Club Member

*Note if reimbursement is for treasurer all three signatures need to be other executives.

Three executives other than the treasurer have certified this information below.

I certify that the above information is correct.

1. _____ (Full Name) Position: _____

Sign: _____ Date: _____

2. _____ (Full Name) Position: _____

Sign: _____ Date: _____

3. _____ (Full Name) Position: _____

Sign: _____ Date: _____