



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 (Amount, Payee's name and Reason for Reimbursement):

Reimbursement for: Treasurer Other Club Member

***Note: Please be aware that the payee cannot sign for themselves.**

1. If reimbursement is for treasurer all three signatures must be from other executives.
2. If reimbursement is for an executive, all three signatures must also be from other executives.

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: _____