Club Sport: ____________________________         Today's Date: ____________

Requestors' Information:
Full Name (as it appears in MyCat): ____________________________
92#: ____________________________
Phone Number: ____________________________
Email: ____________________________
Have you previously submitted an address form?     YES and no changes: ____________
NO: (A signed form is attached) ______
YES but I need to change address:         (A signed form is attached) ______

I. Governing Body/Association Membership (ATTACH ALL RECEIPTS)
$/team/member: ____________ (X) # of teams/member: _______ = Total: $ ____________

II. Supplies – Food (ATTACH ALL RECEIPTS)

Total: $ ____________

List out names of members who ate: ____________________________
______________________________________________________________
______________________________________________________________

III. Supplies – Equipment and Other Items (ATTACH ALL RECEIPTS)

Total: $ ____________

List out items purchased and purpose: ____________________________
______________________________________________________________
______________________________________________________________

Total Supplies Reimbursement Request: $ ____________

I, ____________________________, attest that this information is correct to the best of my knowledge.

_________________________          ____________________________
Requestor Signature       Date

_________________________          ____________________________
Club President/Treasurer Signature       Date
Western Carolina University
Chrome River Travel Reimbursements
Request for 920 Number and/or Updating Address

This form must be completed to request a 920 number in order to reimburse a non-employee for travel reimbursements.

This form must be completed if updating a student or an employee address in order to reimburse for travel reimbursements.

The address must be updated prior to entering a travel reimbursement in Chrome River.

Travel reimbursement checks must be mailed and cannot be picked up in the Controller's Office.

All travel reimbursement must be processed in Chrome River.

Please send completed form to Purchasing at PurchasingDept@wcu.edu
Please allow 3-5 business days for processing.

Date: __________________________

Select ONE:
☐ Check Student
☐ Check Non-Employee
☐ Check Employee

Name: __________________________

920 number (Student's and Employee 920 required, Non-Employee if known):

SPECIAL NOTE:
Students may use on-campus housing address for reimbursements.

Departments cannot change the student's address to the department's address.

Mailing address: __________________________

Phone number: __________________________

Department requesting number or address change: Campus Recreation & Wellness

Name of WCU employee requesting number or address change: (Please print) Shauna Sage

Phone extention number of WCU employee requesting number or address change: 7069

Signature of student's or employee's address being updated (Employee cannot sign for student):

Questions relating to this form should be addressed to Anita Hall at 828-227-3031 or Robbin Brooks at 828-227-3479.