Name of Fraternity/Sorority: ____________________________________________________________

P & E Account Number: ________________________________________________________________

Funds are being requested for the following:

☐ Leadership/Education Programs ☐ Scholarships/Awards
☐ Conference Attendance/Travel ☐ Other, __________________________
☐ Facility Renovation/Furnishings

Funds are being requested for the following:

☐ Reimbursement
☐ Award
☐ Purchase Order

Name of individual receiving reimbursement or award: ______________________________________

(If more than one individual is receiving a reimbursement or award, please attach full list on a separate page. Include names, LINs, and award amounts.)

LIN of individual receiving reimbursement or award: ________________________________

Amount of Reimbursement or Award: ________________________________________________

Criteria for P&E reimbursement or award request. Please be specific and attach documentation and receipts to support the request.

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

___________________________________  ________________________________
Chapter Representative (signature)      OFSA Staff (signature)

Official Use Only
☐ Reviewed by Financial Aid
☐ Reviewed by Development and Alumni Relations