

**PROGRAMMING AND EDUCATION ACCOUNT
FRATERNITY/SORORITY REQUEST FORM**

Name of Fraternity/Sorority: _____

P & E Account Number: _____

Funds are being requested for the following:

- | | |
|--|--|
| <input type="checkbox"/> Leadership/Education Programs | <input type="checkbox"/> Scholarships/Awards |
| <input type="checkbox"/> Conference Attendance/Travel | <input type="checkbox"/> Other, _____ |
| <input type="checkbox"/> 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