PROGRAMMING and EDUCATION ACCOUNT
FRATERNITY/SORORITY CHAPTER AWARD

Please check one:

☐ Leadership/Education Programs        ☐ Facility Renovation
☐ Conference/Travel                   ☐ Scholarship/Academic
☐ Other ________________________________

Name of Fraternity/Sorority Chapter _____________________________________________________

Name of Student(s) Receiving Reimbursement __________________________  UC Box # __________
(if more than one student is receiving a reimbursement, please attach on another sheet)

Lehigh I.D. # of Student(s) Receiving Award _____________________________________________
(if more than one student is receiving an award, please attach on another sheet)

Name of Award _____________________________________________________________________

Amount of Award____________________________________________________________________

Criteria for P&E request – Please be specific and attach official Greek Chapter documentation and receipts.
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Amount of Reimbursement: ____________________________________________________________
(if more than one student is receiving a reimbursement, please attach on another sheet)

Scholarship/Academic Award Payment:

Please check one:  ☐ Check to Bursar to be applied to student account
                  ☐ Other

Funding Source:        ☐ P & E Account # __________________________

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

Official Use Only
☐ Forward to Financial Aid