



HUMAN FACTORS and ERGONOMICS SOCIETY

HFES Student Chapter Reimbursement Request

Please allow two weeks for processing

Date: _____ Name: _____

Please describe the activity for which you are seeking reimbursement:

Receipts are required for all expenses over \$25 USD. An acceptable receipt shows evidence that person seeking reimbursement paid expense with own funds/credit card.

Detail

Activity/Event: _____

Amount Requested: \$ _____ Number of Participants: _____

Make check payable to: _____

Mailing Address: _____

Address Continued: _____

City: _____ State/Prov.: _____ Zip/Postal Code: _____

Payment by bank wire transfer services available to those outside of the United States only.

Please email HFES to request bank wire at info@hfes.org.

REMIT EXPENSE REPORT AND ALL RECEIPTS
FOR ALL EXPENSES \$25 USD AND GREATER TO:

HFES Student Affairs Chair, Dr. Farzan Sasangohar
(sasangohar@tamu.edu).