



HUMAN FACTORS and ERGONOMICS SOCIETY

HFES Student Chapter Reimbursement Request

Date: _____ Name: _____

CHAPTER NAME (Required): _____

Activity for which you are seeking reimbursement:

We appreciate receipts for *all* expenses, but they are only required for expenses \$25 USD and greater. An acceptable receipt shows evidence that the person seeking reimbursement paid the expense with their own funds/credit card, (e.g., name and card ending in XXXX).

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 is available to those outside of the United States only. Please email HFES to request a bank wire transfer at info@hfes.org.

REMIT EXPENSE REPORT AND RECEIPTS
AS A **SINGLE PDF FILE** TO INFO@HFES.ORG