



Ref. AP 45- __/__/__ -RR

Date:

Request for Reimbursement from SIIT

RR Type: [] None [] Partial Advanced Payment

- Enclosures: 1) A copy of Approved Proposal AP 45- __/__/__
2) Report of Student Activity Performance and Expense: AP 45- __/__/__-R
3) Original Receipts (1 set)

Activity name:
Organized by:
Period of Activity: Date:.....Time:.....
Take Place at:
Date of Proposal Approval:

Approved budget: Baht, Advanced payment:Baht, by
Actual Expense.....Baht, Used SIIT budget: Baht
from Budget of the Fiscal Year.....
Item [] E-6, 6.2 E) Student Activities of SA Div. []
[] Sponsor(s):Baht [] Student Self SupportBaht

We would like to request for the reimbursement of Baht (.....)
from SIIT, Item [] E-6, 6.2 E) Student Activities of SA Div. []
Recipient of the Reimbursement Payment: (Name-Surname).....

Requested by: (Signature) (Signature)
() ()
Club President /Organizer Club Advisor /Division Chief

For authorized person: [] Approve as requested with condition:
[] Disapprove with the reason that:

..... (Signature)
(Asst. Prof. Dr. Suthathip Suanmali)
Posit: Assist. Director for SA&AR Div.
Date: