

SUNYCAP REIMBURSEMENT FORM

Date: _____

Name: _____

Campus: _____

What is the reimbursement for? _____

Amount: _____

Executive Board Member approval: _____

*Name of Executive Board member who
approved the use of SUNYCAP funds*

To whom check should be made out: _____

Address for check to be sent: _____

Please attach original copy of receipt and mail to:

**Sara Robinson
University at Buffalo
273 Kapoor Hall
Buffalo, NY 14214**

*It will take between 2 – 5 weeks to receive reimbursement
(depending upon time of year)*

**** Please be aware that SUNYCAP cannot reimburse for tax ****

**For additional information, please contact Sara Robinson
at smeskill@buffalo.edu or (716) 645-4133**