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 receiving a reimbursement please attach on another sheet)

Lehigh I.D. # of Student(s) Receiving Award _____
(if more than one student 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 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)*

_____

Alumni Representative (signature)

Official Use Only

☐ Forward to Financial Aid