**CITADEL QUARTERMASTER**

**APPEAL FOR REIMBURSMENT FOR EDUCATIONAL RELATED PURPOSES**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CWID ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On a case-by-case basis, The Citadel Student Business Services (SBS) will consider an appeal for the reimbursement for educational related purposes from your Quartermaster account.

The maximum request for any appeal for educational related purposes (books, computers, monitors, printers, laptops, hardware/software, or other educational supplies) would be up to $2,500 or the cost of your computer system, whichever is less. If your Quartermaster account is less than $2,500.00, then your appeal would only be up the amount remaining in your quartermaster account.

The Appeal Amount will only be applicable for expense receipts that are dated between August 1st and April 1st during that active academic year will be considered.

**DOCUMENTATION REQUIRED**

Attach the following to this signed form:

* Itemized receipt or bill of sale documenting purchase date and price OR;
* Itemized contract for educational expenses purchases OR;
* A dated, itemized, signed confirmation with the explanation in the supply items purchased.
* Confirmation that student has enrolled in the Electronic Refund via the Lesesne Student Portal

**PREFERRED TERM:**

Please indicate the term for which you prefer any additional loan eligibility be awarded.

FALL SPRING SUMMER

**CERTIFICATION**

* I request this appeal to access eligible funds to be reimbursed from my quartermaster account to assist with costs associated with reimbursement request for approved educational related expenses.
* I have attached an itemized receipt or bill of sale for a computer system I have purchased and will be reimbursed based on the allowable amount available in the QM-One Card account.
* I understand that I may be asked to provide proof of computer purchase. All information provided to support this request is true and complete to the best of my knowledge. I understand that my request is subject to cancellation if any information is determined to be inaccurate in for the basis of the consideration of my appeal. I also will notify the Citadel’s Student Business Services promptly of any changes.
* **I understand that my student account balance needs to be paid in full in order to a request for reimbursement to be considered.**
* NOTE: Digital/Electronic signatures will not be accepted.
* By signing below, I certify that I have read this form in its entirety. My statement and any attachments are to the best of my knowledge, true. I understand that changes made within this appeal may also impact the approval in which the appeal was submitted. Final decisions will be made by the appeals committee and will be emailed to my Citadel.edu email address.

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Student Signature Daytime Phone Date