

Account Number: _____ Account Name: _____ Request Number: C _____

Parental Consent to Reimburse Form
for SABO reimbursement

**This serves as authorization to reimburse _____
for purchases he/she have made on behalf of a Rutgers University registered
Student Organization using my personal credit card.**

**I agree the amount of \$ _____, was charged to my personal credit
card on _____ and agree by signing this form the reimbursement
will be made to the student and not to me personally.**

Name of credit card holder

Signature of credit card holder

Relation to student i.e. (parent, spouse, other)

Student:

**Please attach this form to the credit card statement and the SABO PERR
form for reimbursement.**