

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.**