UC San Diego
UNDERGRADUATE COLLEGES
BUSINESS OFFICE

Prize Distribution Form

Event Name: _____ Event Date: _____

Group: _____

Distributor Name: _____ Distributor Signature: _____

Email & phone: _____

Instruction:

1. Complete the **Item** and **Value** columns prior to event
2. Fill out the form on a computer/tablet (**preferred**) OR Print the form, and take it to the event.
3. Ask recipients for information needed for the remaining columns next to the items they are receiving. **Legal names should be used - no nicknames.**
4. If the recipient is a non employed student, please fill out PID only in the last column. **Double check PIDs.**
5. If the recipient is employed by the university, please fill out Employee ID (EID) only in the last column .
6. If the recipient is a community member, please fill out email & phone instead of PID/EID in the last column .
7. Submit this form with the corresponding reimbursement request.

Item	Value	Recipient Name (printed)	PID/EID/Email & Phone

If you need more space to fill out information, please use an additional copy of this form. Thank you.