



Reimbursement Request Form

*This form and receipt must be submitted to your Sixth College Advisor within 72 hours after the event date.

Date Submitted: _____

Total Reimbursement: _____

Name: _____

Email: _____

Event Name: _____

Date of Event: _____

Student Org: _____

Location of Event: _____

Budget Line Item: _____

Number of Attendees: _____

Description of Items: _____

First time requesting a reimbursement?
 Is it possible your check may arrive during a break?

If YES, please provide the following info:

Student PID #: _____

Phone #: (____) _____

Address: (during breaks, check will be mailed here)

Tape receipts to an 8.5x11 piece of paper and **PAPERCLIP to this form.**
 IMPORTANT TIPS:

1. If it will fit, **more that one receipt CAN BE taped to a page.**
2. **DO NOT tape over or highlight the vender name, items, or total.** Both will dissolve the ink on the receipt and the information will be lost.
3. If you are **requesting a reimbursement for prizes**, you must provide a list of the winners' names and PIDS.
4. When complete, give all paperwork to your Advisor for approval.

ADVISOR APPROVAL:

INDEX (check one): DSC0006 Other: _____ DATE: _____

PRINT NAME: _____ SIGNATURE: _____

Questions? See the Assistant to the Dean, Megan Peebles-Walck Phone: (858) 822-5953 Email: mwalck@ucsd.edu