



# 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