



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: _____

STUDENT INFORMATION REQUIRED

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 than 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 REQUIRED

INDEX #: _____

PRINT NAME: _____

DATE: _____

SIGNATURE: _____

Questions? Contact the Assistant to the Dean, Jo-Ann Hoye ~ Phone: 858.822.5953/Email: jmhoye@ucsd.edu