# Pritzker School of Medicine Reimbursement Form

This form is used for approved reimbursements. Please return this completed form and your receipts to **Candi Gard** in BLSC 104.

<table>
<thead>
<tr>
<th>Student</th>
<th>Faculty</th>
<th>Staff</th>
</tr>
</thead>
</table>

**Issue Check to:**

Student ID (if applicable): ________________________

Name: ______________________________________________________________________

Address: ____________________________________________________________________

City, State and Zip: ____________________________________________________________

**Event Information:**

- [ ] Dean’s Council
- [ ] Society
- [ ] Other: ___________________________

Student Organization (if applicable): _______________________________________________

Title of Event: __________________________________________________________________

Date of Event: _____________________   Location of Event: ____________________________

Attendance: _________________________________

Total Amount Pre-Approved: $ __________________

Actual Amount to be Reimbursed: $ ________________

(You will be reimbursed up to the amount that has been approved by Pritzker.)

**C) Required Paperwork:**

Please staple your ORIGINAL receipt(s) to this form. These receipt(s) must:

- Contain an itemized list of your purchases, and
- Show proof of payment. (ex: VISA, CASH, PAID FOR)

If you do not receive your reimbursement within 30 days, please contact Candi Gard via email cgard@bsd.uchicago.edu or phone 773-834-4042.