

## 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.

Student

Faculty

Staff

**Date:**

### 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](mailto:cgard@bsd.uchicago.edu) or phone 773-834-4042.