

Pritzker School of Medicine Reimbursement Form

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

Student

Faculty

Staff

Issue Check to:

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.)

Tax Exempt:

With the exceptions of travel funding and shopping at Costco, please be reminded we do not reimburse for tax. Tax exempt forms can be found under Dean's Council on Box, and at the front cabinet in BSLC suite #104.

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 cgard@bsd.uchicago.edu or Ann Merrell via email amerrell@bsd.uchicago.edu