

Pritzker School of Medicine Student Reimbursement Form

Today's Date: _____

First and Last Name: _____

Address: _____

City, State, Zip: _____

Funding Source:

- Wellness Initiative Grant
- Student Organization. Name of Org: _____
- Society/Sibs. Name of Society/Sib #: _____
- Other: _____

Title of Event: _____

Date of Event: _____ Location of Event: _____

Attendance: _____

If less than 10 individuals attended the event, please list all attendees' names:

Total Amount Pre-Approved: \$ _____

(Note: you will only be reimbursed up to the amount that was pre-approved by Pritzker).

Tax exempt:

With the exceptions of travel funding, Costco, and Amazon, we DO NOT reimburse tax. Tax exempt forms can be found on the front cabinet in the BSLC 104 office suite.

TOTAL (subtract all tax):

\$

Is another student submitting a reimbursement form for this same event? _____

Name of Student: _____ Approximate amount: \$ _____

Please return this completed FORM and all ORIGINAL RECEIPTS to Candi Gard in BSLC 104 within 30 days of the event.

Receipt(s) must:

- Contain an itemized list of your purchases.
- Show proof of payment (ex: VISA, Cash, Paid for, etc.)

