



Muir College Reimbursement Request Form

OFFICE USE ONLY	
DATE RECEIVED:	_____
CBO TICKET #:	_____
INDEX #:	_____
DATE PROCESSED:	_____

INSTRUCTIONS

1. Reimbursement requests must be turned in to your Muir College Student Org advisor within 72 hours after your event. We are unable to begin processing your reimbursement until paperwork has been submitted.
2. Requests must include the following:
 - 1) Reimbursement Request Form
 - 2) Receipt
 - 3) Sign-In Sheet
 - 4) Meeting Agenda (if applicable).
3. Receipts should be itemized/include a description of each item purchased. If not, please indicate on your receipt what was purchased. All fees to be reimbursed must be directly related to the event.
4. All receipts must be taped flat to a blank sheet of white paper and paper clipped to this form. **Include only one receipt per sheet of paper. Please do not staple this form to your receipt.**
5. When complete, give all paperwork to your Muir College Student Org Advisor for approval.

PAYEE INFORMATION

Name: _____

PID: _____

E-mail: _____

College of Registration (Please mark): Muir ERC

Marshall Revelle Warren Sixth

Phone Number: _____

Are you currently enrolled in Disbursements

Direct Deposit?: Yes No

* Students with Disbursements Direct Deposit will see the reimbursement issued to their designated account. Others will receive a paper check delivered to our office. We will notify you via e-mail when the check is available for pick-up. If you would like your paper check to be mailed to you during academic breaks, please provide your mailing address below.

Mailing Address: _____

REIMBURSEMENT INFORMATION

Date Submitted to Advisor: _____

Student Organization: _____

Event Name: _____

Event Date: _____

Event Location: _____

Number of Attendees (Please attach sign-in sheet): _____

Date of Purchase: _____

Vendor Name: _____

Amount of Purchase: _____

Purchase Description: _____

Business Purpose:

- Event/Program (Food, Utensils, etc.)
- Supplies (Office supplies, arts and crafts, etc.)
- Meeting (Please attach agenda)
- Other (Please specify): _____

ADVISOR APPROVAL

Index: _____

Date: _____

Print Name: _____

Signature: _____

QUESTIONS? Contact the Executive Assistant to the Dean at (858) 534 3587 or e mail mdeansoffice@ucsd.edu