

# Pritzker School of Medicine Student Reimbursement Form

This form is used for approved reimbursements.

**Please return this completed form & your receipts to Nichole Samuel in BLSC Suite 104.**

**Required Paperwork:** Please paperclip your ORIGINAL receipt(s) to this form. The receipt(s) must; contain an itemized list of your purchases, and show proof of payment (ex: VISA, CASH, PAID FOR).

## Issue Check to:

Student ID: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Date:

**If you will have a different address in the next few weeks, please place an address that you can receive mail at below, (otherwise your check will be mailed to the address above):**

c/o, if applicable: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

## Event Information:

Poster Reimbursement

Award

Award Title (if applicable): \_\_\_\_\_

Title of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Location of Event: BSLC 115 & GCIS 3<sup>rd</sup> Floor Atrium Attendance: \_\_\_\_\_

Total Amount Pre-Approved: \_\_\_\_\_ Poster: \$ \_\_\_\_\_

Actual Amount to be Reimbursed: \$

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

\*If you do not receive your reimbursement within 30 days of the event, please contact Nichole Samuel via email [nnsamuel@bsd.uchicago.edu](mailto:nnsamuel@bsd.uchicago.edu) or phone (773) 834-4246\*