

Student Life Business Operations Payment Request Form

UCSD Student Life Business Operations
9500 Gilman Drive #0064
La Jolla, CA 92093-0064
Price Center East Third Floor
FAX:858-246-0153



Request Type: Reimbursement
 Student Org Fund Withdrawal

Affiliation: Student Organization AS
(Please check one) GSA SSC
 AS Grants
 Other Specify: _____

- Receipts for reimbursement must be submitted no later than **21 days** of purchase or day of the event
- Reimbursement requests must be submitted with ORIGINAL RECEIPTS TAPED to 8.5" x 11" sheet of white paper.
- Withdrawals of student organization funds require the signature of TWO (2) PRINCIPAL MEMBERS.

PLEASE PRINT LEGIBLY (FOR STUDENT ORGS-PAYEE MUST BE PRINCIPAL MEMBER)

Payee: _____ PID: _____
Department/Organization: _____
Mailing Address: _____
Email: _____ Phone: _____

FOR REIMBURSEMENTS ONLY: Open Event Closed Event* ... Supplies or operating expenses

Event Title: _____ Event Date(s): _____
Event Location: _____ Number of Attendees*: _____
*Guest/attendee list is required for all closed events (Closed events are ones that are not open to all UCSD Students)

Total Payment: _____ dollars \$

I certify with my signature that this reimbursement or withdrawal will be for its stated purpose and in accordance with our student organizations or department' constitution, bylaws and UCSD policies

Payee Signature: _____ Date: _____

STUDENT ORG WITHDRAWALS ADDITION PRINCIPLE MEMBER SIGNATURE REQUIRED:

Signature: _____ Print Name: _____ Date: _____

FUNDING SIGNATURE REQUIRED FOR ALL GSA AND AS REQUESTS INDEX#: _____

Signature: _____ Print Name: _____ Date: _____

FOR STUDENT LIFE BUSINESS OPERATIONS USE ONLY

Petty Cash My Events Payment Authorization Document # _____

Index Number (s): _____