Tufts University
AS&E Graduate Student Council

Individual Reimbursement Form

This form must be accompanied by the original, itemized receipts or invoices for every expenditure listed and turned in to the GSC Treasurer no later than 30 days after the date of payment on receipts.

Graduate Student Organization or Individual Information

Organization Name: ____________________________________________
Event Description: ____________________________________________
Date of Event: __________

Reimbursement Information

Check Payable to: ____________________________________________
Permanent Address: ___________________________________________
City, State, Zip Code: __________________________________________
Permanent Phone: __________          Local Phone: __________
Total Reimbursement Amount: $__________
Delivery (circle one): Mail to Address / Hold for Pickup
DeptID: A903020

Please itemize all receipts below, giving brief description for each receipt; use one line for each receipt submitted. No organization will be reimbursed for state sales tax paid on expenditures.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ______________________________________________________________________</td>
<td>______</td>
</tr>
<tr>
<td>2. ______________________________________________________________________</td>
<td>______</td>
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<tr>
<td>3. ______________________________________________________________________</td>
<td>______</td>
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<td>4. ______________________________________________________________________</td>
<td>______</td>
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<tr>
<td>5. ______________________________________________________________________</td>
<td>______</td>
</tr>
</tbody>
</table>

Please attach ALL RECEIPTS to this form with PAPER CLIPS ONLY.

Submitted by: ____________________________________________________________
Name                                                                 Signature/Date

Authorized by: ____________________________________________________________
GSC Officer (Name, Title)                                               Signature/Date