

Submitted By (GSC)

Financial Office Use

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.**

| <u>Description</u> | <u>Amount</u> |
|--------------------|---------------|
| 1. _____           | \$ _____      |
| 2. _____           | \$ _____      |
| 3. _____           | \$ _____      |
| 4. _____           | \$ _____      |
| 5. _____           | \$ _____      |

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

Submitted by: \_\_\_\_\_  
Name Signature/Date

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