

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: _____

Student ID Number: _____

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; use one line for each receipt. **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