

SDS Reimbursement Request Form

Please return completed form with attached receipts to the SDS Administrative Office at GDC 7.504 within 14 days of the official occasion. Please retain a copy of this form and receipts for your records.

Name/EID:

Date of Event:

Guest/Event Name:

Guest/Event Title:

Guest Affiliation:

Event: Breakfast Lunch Dinner Parking

UT Department Faculty Representatives Attending the Event:

Category:

- | | | |
|--|---|--|
| <input type="checkbox"/> Seminar Speaker | <input type="checkbox"/> Graduate Student Related | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Faculty Recruitment | <input type="checkbox"/> Graduate Event Related | <input type="checkbox"/> Grant Related |
| <input type="checkbox"/> Departmental Event | <input type="checkbox"/> Conference Related | <input type="checkbox"/> Project Related |

Attach Original Receipts Below: Please include an explanation of charges. This will help speed up the reimbursement process. Attach extra sheets as needed.

SDS Administration Staff Only:

Date Received:

Received By:

Date Processed:

CNS Official Occasion and Entertainment Expense Policy