



REQUEST FOR REIMBURSEMENT	
<u>Name and address of person to be reimbursed:</u>	
<u>If this reimbursement is related to a school-specific organization, please list the school:</u>	
<u>Expense description/purpose:</u>	
Event/Purpose:	
Date of event:	Number of people in attendance:
<u>Requested amount to be reimbursed:</u>	<u>If final Request for Reimbursement for this event please initial by President or Treasurer:</u>
	(Note: No other receipts will be accepted once initialed.)
I certify that I incurred these expenses for this approved student event.	
Signature:	Date:
APPROVAL – STUDENT ORGANIZATION (President/Treasurer)	
Signature:	Date:
Printed Name, Title:	
APPROVAL – SCHOOL (Dean or Designee) * Not required for SIC*	
Signature:	Date:
Printed Name, Title:	
APPROVAL – UTHealth Houston / AUXILIARY ENTERPRISES	
Signature:	Date:
Auxiliary Enterprises, Traci Harris, Sr. Administrative Manager	