

**UTHSC-H  
Reimbursement Funds  
Student Auxiliary Funds**

School: \_\_\_\_\_

1. Name of person and address to be reimbursed:

\_\_\_\_\_  
\_\_\_\_\_

2. Reason for expense: (event)

\_\_\_\_\_  
  
\_\_\_\_\_ (Brief description of event)

3. Date of event: \_\_\_\_\_

4. Number of person attending(approx.) \_\_\_\_\_

5. Total amount to be reimbursed: \_\_\_\_\_

6. Original bill attached:     Yes    /    No    

7. Proof of payment attached:     Yes    /    No    

8. Student Affairs / Dean / Faculty representative's approval:

\_\_\_\_\_ Date: \_\_\_\_\_

9. Approval SGO Officer:

\_\_\_\_\_ Date: \_\_\_\_\_

10. Approval Vice President Auxiliary Enterprises:

\_\_\_\_\_ Date: \_\_\_\_\_