**Reimbursement Request**

To request reimbursement, submit:

1. Approved Request for Funding
2. Reimbursement Request
	1. Itemize each expense
	2. Note the line number of the item on each original receipt
	3. Deduct all School of Nursing and other funding received from the subtotal
	4. Sign attestation
3. Original receipts

|  |
| --- |
| **Section 1 — Information and Funding Request** |
| Name:  |  |
| Uni: |  |
| Sigma member #  |  |
|  | Date of Expense | Type of Expense | Name of Vendor | $ |
| 1 |  |  |  | $ |
| 2 |  |  |  | $ |
| 3 |  |  |  | $ |
| 4 |  |  |  | $ |
| 5 |  |  |  | $ |
| 6 |  |  |  | $ |
| 7 |  |  |  | $ |
| 8 |  |  |  | $ |
| 9 |  |  |  | $ |
| 10 |  |  |  | $ |
|  | SUBTOTAL | $ |
| Deduct SON and other funding received | - |
| TOTAL REIMBURSEMENT REQUESTED | $ |

Attestation: I certify that the expenses documented are actual, reasonable, and occurred in accordance with University policies to attend the conference specified. The TOTAL REIMBURSEMENT requested has not been paid from any other source.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature:  |  | Date: |  |