Student Activities Expense Reimbursement Form
Thurgood Marshall College

Student Affairs

Payable To: __________________________________________
Address: __________________________________________
__________________________________________
__________________________________________
Phone: __________________________________________
Student Contact: ________________________________________

Please check applicable:
☐ Mail to payee address
☐ Pick-Up at Student Affairs Office
☐ Direct Deposit
(see Jennifer Snow for more details)

Is Payee/Vendor a UC Employee: Yes ☐  No ☐
Is Payee/Vendor a CA Resident: Yes ☐  No ☐
Is Payee/Vendor a U.S. Citizen: Yes ☐  No ☐

Student Organization: _________________________________________________________________

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<tr>
<th>Name of Event</th>
<th>Date of Event</th>
<th>Index Number</th>
<th>Amount</th>
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Total Amount $________

Student ID number (individual): A________________
(Please provide your PID if this is your first request for reimbursement or your address has changed.)

OR

Employer Identification Number (Business): __________________________

Payments to all businesses and individuals require tax information. If the tax number is not provided the request will not be

☐ PERSONAL REIMBURSEMENT for approved purchases made by student.
(Original receipts and copies required)

☐ CHECK REQUEST to pay vendor for services.
(Requests for payment must be submitted at least 2 weeks in advance)

☐ PURCHASE ORDER to process a vendor invoice submitted for payment.
(Invoice Required)

All expenses on this form were incurred by me while performing Thurgood Marshall College business. I have completed and attached the Student Activities Program Evaluation Form.

Student Signature: ___________________________ Date: ______________

Advisor Approval: (Authorized signer other than payee)

Signed: ___________________________ Date: ______________

* Request from TMSC projects/operations funds must also be signed by the TMCSC Vice Chair, Finance.

Vice Chair, Finance: ___________________________ Date: ______________