MINI-GSA RE-IMBURSEMENT REQUEST FORM

Mini-GSA Applicant Information

Rep. Name: ____________________________________________
UCR Email: ____________________________________________
Department: ____________________________________________
Mini-GSA Event: ________________________________ Date and Location: ________________________________
Total Reimbursement Requested: $ __________________

Materials Check-list:

☐ Agenda  ☐ Itemized Budget  ☐ Sign-in Sheet
☐ Meeting Minutes  ☐ Original Receipt(s)  ☐ Signature

Purpose

Statement of Business Purpose:

Itemized Budget

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<th>DATE</th>
<th>DESCRIPTION</th>
<th>CATEGORY</th>
<th>COST</th>
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TOTAL AMOUNT REQUESTED: $ __________________

Mini-GSA Representative Signature ________________________________ Date __________

GSA VPAA Signature ________________________________ Date __________

GSA Finance Officer Signature ________________________________ Date __________

GSA President Signature ________________________________ Date __________