

MINI-GSA REIMBURSEMENT REQUEST FORM

Mini-GSA Representative Information					
Rep Name:					
UCR Email:					
Phone #:					
Department: Mini-GSA:					
Date of Eve	ate of Event: Location:				
Materials Checklist (incomplete forms will not be reimbursed):					
	Agenda 🔲 Mo	eeting Minute	S	☐ Sign-in Sheet	
	Original Receipts (taped	to 8 ½ X 11 pa	per)	☐ Signature	
		Purpos	se		
Explanation of Business Purpose (events must have a business purpose):					
Itemized Expenses					
Date		Description			Cost
Dogointo N	ALICT has toward to a blank	. 01/ V 11 ab a a	+	Tatal	
Receipts MUST be taped to a blank 8½ X 11 sheet of paper. Use additional paper if needed. Total Requested					
				<u>-</u>	
				THIS FORM MUST BE SU	IBMITTED TO THE
Mini-GSA Rep Signature Date GSA OFFICE (HUB 203) WITHIN 7 DAYS					_
☐ Mini-GSA: Good standing & eligible for reimbursement.					
☐ Mini-GSA:	Not eligible for reimbursem	nent	GSA VPAA Si	ianature	 Date
				gaca.c	Jute
GSA Finance Offi	cer Signature	 Date	GSA Presider	nt Signature	 Date