Departmental GSA Reimbursement Package

- 1. You don't need prior approval for your event
- 2. You are allotted \$500 a year if your mini-GSA has under 50 members, \$700 a year if it has over 50 members
- 3. Within 7 days of your event, you must submit the following materials:
 - a. General reimbursement form
 - i. NOTE: LEAVE THE PROJECT CODE AT THE TOP OF THIS FORM BLANK
 - b. Sign-in sheet
 - c. Itemized receipts
 - d. Agenda
 - e. Meeting Minutes
- 4. Submit all items to VPAA email or GSA Office

DEPARTMENTAL / PROGRAM GSA REIMBURSEMENT REQUEST FORM



	De	partmental GSA Re	presentative Infor	mation	
Project code		35-68			
Payee (Pers	on being reimbι	ırsed):			
Payee UCR Email:			Phone #	: ()	
Rep Name:					
Rep UCR Email:			Phone #	:: ()	
Department:		D	epartment / Progr	am GSA:	
Date of Event:		Lc	ocation:		
Materials Cl	hecklist (incomp	lete forms will not	be reimbursed):		
☐ Agenda / Flyer ☐ N		☐ Meeting Minu	nutes		
☐ Original Itemized Receipts (taped to 8 ½ X 11 paper) ☐ Signature					
		<u> </u>	Business Purpose		
*There must be a busi	iness purpose to the meeting/	event. Strictly social events are not	t eligible for reimbursement.		
.			d Expenses		
Date		Descri	ption		Cost
Receipts N	⊥ ∕IUST be taped t	o a blank 8½ X 11 s	heet of paper.	Total	
Use additi	Use additional paper if needed. Total Requested				
Denartment / Pro	ogram GSA Rep Signature	Date	THIS F GSA OFFICE (HUB 2	ORM MUST BE SUB	_
			•		
		anding & eligible for rei ible for reimbursemer			
3 p 3 2 3 7 1 1 1			GSA VPAA Signatu	re	Date
GSA Finance Off	 ficer Signature	 Date	GSA President Sign	ature	

MEETING TITLE ENTER DATE HERE

<u>PRINTED NAME</u>	<u>NETID</u>	<u>SIGNATUR</u>
	<u> </u>	
		