 **Dietrich School of Arts and Sciences GSO**

 **Reimbursement Request Checklist**

Did you include:

* Your peoplesoft number
	+ At the bottom of your student ID **beneath** the 2P00 number
* Original itemized receipts
* Taped receipts (NOT stapled)
* Have you signed the reimbursement request
* Has your department signatory signed the reimbursement request or emailed their approval
	+ You cannot sign your own reimbursement

 **Dietrich School of Arts and Sciences GSO**

 **Reimbursement Request**

**Please Read the Following Instructions Carefully**.

Funds are available to all A&S graduate student departments that are active and in good standing with the A&S GSO. For your department balance contact asgso.pitt@gmail.com. To use the funds all graduate students in the department must be invited to the event. You must follow all University policies; there is **NO alcohol on campus** unless a bartender is hired through Campus Catering, you may be reimbursed for alcohol off campus.

Please include **original itemized receipts** and tape them to a separate piece of paper.

Please include an **event sign-in sheet** (or guest list) for the event.

Submit your reimbursement request **within 14 days** of the event.

Please be sure to **complete all sections** of the form to ensure your request is not delayed. Please type your responses if possible. Submit reimbursement requests to **A.A., A&S GSO, 5141 Sennott Square**, 210 S. Bouquet Street, Pittsburgh, PA 15260.

**Today’s Date:** Click here to enter a date. **Department:** Click here to enter text.

**Person to be Reimbursed**

|  |  |  |
| --- | --- | --- |
| **Last Name:** Click here to enter text. | **First Name:** Click here to enter text. | **PeopleSoft ID:** Click here to enter text. |
| **Street Address:** Click here to enter text. | **City:** Click here to enter text. | **State:** Click here to enter text. | **Zip Code:** Click here to enter text. |
| **Phone Number:** Click here to enter text. | **Pitt Email Address:** Click here to enter text. |

**Event Info (if applicable)**

|  |  |  |
| --- | --- | --- |
| **Event Name:** Click here to enter text. | **Event Date:** Click here to enter a date. | **Location:** Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Vendor | Description of Expense | Amount |
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| **Total reimbursement Requested** |  |

 Click here to enter a date.

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Signature of person to be reimbursed Date

Click here to enter text. Click here to enter a date.

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Department Signatory Name Signature Date

**DO NOT FILL OUT FORM BELOW THIS LINE.**

Click here to enter text. Click here to enter a date.

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Report Name Travel/Report Date

Non-Travel Graduate Student SORC Activity—Student Affairs

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Trip Type Traveler Type Report/Trip Purpose

Click here to enter text.

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Event Name

Click here to enter text. Click here to enter text.

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Account Number Responsibility Center

Allison Gremba Click here to enter a date.

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A&S GSO Authorization Signature Date

Click here to enter text. Click here to enter a date.

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SORC Authorization Signature Date

 **Dietrich School of Arts and Sciences GSO**

 **Event Sign-In**

Thank you for attending this event, which is being partially sponsored by the A&S-GSO Please take a moment to register your presence at this event by adding your name to the list.

**Date of Event:** Click here to enter a date. **Department:** Click here to enter text.

**Name of Event**: Click here to enter text.

**Location of Event**: Click here to enter text.

### Attach Additional Sheets if Necessary Page \_\_\_\_\_ of \_\_\_\_\_

|  |
| --- |
| Please print – first and last name |
| 1 | 17 |
| 2 | 18 |
| 3 | 19 |
| 4  | 20 |
| 5  | 21 |
| 6 | 22 |
| 7 | 23 |
| 8 | 24 |
| 9 | 25 |
| 10 | 26 |
| 11 | 27 |
| 12 | 28 |
| 13 | 29 |
| 14 | 30 |
| 15 | 31 |
| 16 | 32 |