 **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](mailto: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 as a single .pdf file, including clear images or scans of receipts to **asgso@pitt.edu**.

**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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total reimbursement Requested** | | |  |

Event: Click here to enter text. Reimbursment Total: Click here to enter text.

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Signature of person to be reimbursed Date

Click here to enter text.

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Department Signatory Name Signature Date

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

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Report Name Travel/Report Date

Non-Travel Graduate Student SORC Activity—Student Affairs

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trip Type Traveler Type Report/Trip Purpose

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Event Name

09-06142-95609-000000

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Account Number Approved

Michael O’Brien

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A&S GSO Authorization Signature Date

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SORC Authorization Signature Date