 **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.edu. 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, but must request and complete the alcohol advisor approval form in advance. Please contact for details.

Please include **original itemized receipts** that show the last four digits of your credit card and tape them to a separate piece of paper.

Please include an **event sign-in sheet (or guest list)** if your event involves food/drink.

Submit your reimbursement **within 30 days** of purchase/receiving your receipt.

Please be sure to **complete all sections** of the form to ensure your request is not delayed. Please type your response 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. Reimbursement 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

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Trip Type Traveler Type Report/Trip Purpose

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Event Name

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Account Number Approved

Christina Vega-Alemany

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A&S GSO Authorization Signature Date

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SORC Authorization Signature Date