

Event or Conference Reimbursement Request

Student Information

Student Name: _____

Current University: _____ Program: _____

Major: _____ Graduation Date: _____

Previous Semester GPA: _____ Cumulative GPA: _____

Event Information

Event Name: _____

Location: _____

Start Date: _____ Duration (Days): _____

Brief Description and Purpose for Attending Event: _____

Costs Associated with Event

Event Fee: _____

Travel Costs: _____

Accommodations: _____

Other Costs: _____

Total Estimated Cost: _____

Notes:

1. All receipts and/or invoices supporting requested expenses must be submitted.
2. Student is required to submit a report after completion of event.
3. Any supporting information for the request can be attached to this request.

Student Signature: _____

Today's Date: _____

Approved

Denied

Name: _____

Signature: _____