

Reimbursement Form

Student Funding Committee

Organization Name: _____

Advisor Name: _____ Email: _____

Your Name: _____ Email: _____

Conference/Event

Name: _____

Location: _____ Date: _____

Amount: _____

Payable To: Individual/Organization

Name: _____

700: _____

Address 1: _____

City, State, Zip: _____

OR Department/Agency Fund

Name: _____

FOAPAL: _____

Required Documents

OR

Conference

- Conference Agenda
 - Conference Website
- Includes conference name, location, dates*

Event

- Flyer or Social Media post
- Includes event name, location, dates*

AND

Receipts

- Original receipts showing proof of payments
 - Cash apps – you must include transaction receipts and account statement
- Reimbursements will not be issued if documentation is missing*

Contracted services (DJs, Guest Speakers) will NOT be reimbursed to students. Questions? Contact Alice

Return completed form, documents, and receipts to Alice Jarman, Garrison 193.

Questions? Email ajarman@ucmo.edu, call 660-543-4245 or schedule a meeting [SFC Appointments](#).