

Reimbursement Form

Student Funding Committee

Organization Name: _____

Advisor Name: _____ Email: _____

Your Name: _____ Email: _____

Conference/Event

Name: _____

Location: _____ Date: _____

Amount: _____

Payable To: Individual/Organization

Name: _____

Address 1: _____

City, State, Zip: _____

700: _____

OR Department/Agency Fund

Name: _____

FOAPAL: _____

Required Documents

Event

Flyer/Social Media post
Includes event name, location, dates

Attendee List or Sign-in Sheet

Original receipts showing proof of payments
- Cash app charges will not be reimbursed

Conference

Announcement
Includes conference name, location dates

Agenda

Original receipts showing proof of payments
-Cash app charges will not be reimbursed

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](#).