University of California – San Diego, Graduate Students Association
Reimbursement Form

Request Type: □ Reimbursement □ Use of GSA Account □ Use of GSA Index

Affiliation: □ Registered Student Organization □ GSA Funding ID: ____________
□ Other Specify: ____________

PLEASE PRINT LEGIBLY

Payee: ___________________________________________ PID: __________________________

Department/Organization: __________________________________________

Mailing Address: __________________________________________

Email: ___________________________ Phone: __________________________

FOR REIMBURSEMENTS ONLY: □ Open Event □ Closed Event* … □ Supplies or operating expenses

Event Title: ___________________________ Event Date(s): ___________________________

Event Location: ___________________________ Number of Attendees*: __________

*Closed events are ones that are not open to all UCSD Grad / Professional Students

Total Payment: ___________________________________________ dollars

I certify with my signature that this reimbursement or withdrawal will be for its stated purpose and in accordance with our student organizations or department’s constitution, bylaws and UCSD policies

Payee Signature: ___________________________ Date: __________________

FUNDING APPROVAL (GSA VP FINANCE / GSA PRESIDENT) INDEX#: __________________

Signature: ___________________________ Print Name: ___________________________ Date: __________________

FOR STUDENT LIFE BUSINESS OPERATIONS USE ONLY

□ Petty Cash □ My Events □ Payment Authorization Document # ___________________________

Index Number (s): ___________________________