

SCAVMA

Request for Reimbursement from SCAVMA

A. SCAVMA Pre-Application Approval #: _____

B. Your Name (First and Last): _____

C. Email Address: _____

D. Phone Number: _____

E. Physical Address:

(Street) _____

(City, State, Zip) _____

F. Club Name (or company name for student reps): _____

G. Your position in the club (student reps please indicate that you are a student rep): _____

H. Title of Event: _____

I. Date of event: _____

J. Description of Event: _____

K. Have you already received any funding or reimbursement on these receipts?

____ Yes* ____ No

*If yes, from whom and for what amount? _____

L. Before submitting, please confirm the following checklist:

____ Completed this form

____ Attached a student participant list

____ Attached the original receipt(s) (both itemized and proof of payment)

____ FOR CLUBS ONLY: Write and attach a thank you letter to the UDA Account Donors for sponsoring your event, including a description of the event, the number of attendees, etc.

*if payment by personal check - copy of cancelled check must be included
*if you do not have receipt(s), on the back of this sheet please document what was purchased, date, store name, amount, and reason for no receipt(s)

I certify that the information provided here is correct and that I am the individual who purchased these items I am requesting for reimbursement. I acknowledge that if any information is found to be incorrect that no reimbursement will be received and I am fully accountable for any consequences.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

APPROVED:	SCAVMA APPROVAL #:	APPROVED AMOUNT:	DATE RECEIVED:	INITIALS:
<input type="checkbox"/> Y <input type="checkbox"/> N				