



Request for Reimbursement from the Student Activities Unrestricted Donor Account

A. SCAVMA Pre-Application Approval #: _____

B. Your Name (First and Last): _____

C. Email Address: _____

D. Phone Number: _____

E. Physical Address: (this is where a paper check will be mailed)
(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. Number of participants _____
* Student Participant list: If <10 participants, include names and email addresses for all students. If >10 participants, include names of all students (ex- RSVP list) OR a flier or event announcement (ex- email announcement).

L. Have you already received any funding or reimbursement on these receipts? ____Yes* ____No
*If yes, from whom and for what amount? _____

M. 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.

N. Are you a University Employee ____ Yes* ____ No
*If yes, then please fill out the following additional steps:
____ Set up your MyTravel Profile (instructions on UDA Guidelines for UCD Employees)
____ Assign Christine Haas as your Delegate (instructions on UDA Guidelines for UCD Employees)

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