

## Peer Mentoring Reimbursement Form

1. Department or Program Name: \_\_\_\_\_
2. Student or Vendor Name (*please include student ID number*):  
\_\_\_\_\_
3. Campus Box or Local Address for Mailed Check: \_\_\_\_\_
4. Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_
5. Location: \_\_\_\_\_
6. Purpose: \_\_\_\_\_
7. Number of Attendees: \_\_\_\_\_ (If over 13, enter total number. If 13 or under, enter names below)

- |          |           |
|----------|-----------|
| 1. _____ | 8. _____  |
| 2. _____ | 9. _____  |
| 3. _____ | 10. _____ |
| 4. _____ | 11. _____ |
| 5. _____ | 12. _____ |
| 6. _____ | 13. _____ |
| 7. _____ |           |

8. Receipts. (Attach original, itemized receipts or insert invoice from vendor, including description of purchases. Tape to an 8.5x11 sheet of paper.) Keep a photocopy for your records.

Per Person Cost: \_\_\_\_\_ Total Reimbursement Request: \_\_\_\_\_

| Breakdown | Item: | Amount: |
|-----------|-------|---------|
| Food:     | _____ | _____   |
| Alcohol:  | _____ | _____   |
| Supplies: | _____ | _____   |
| Tax:      | _____ | _____   |
| Other:    | _____ | _____   |

Submitted by: \_\_\_\_\_  
(Peer Mentor Signature)

Approved by: \_\_\_\_\_  
(Peer Mentoring Coordinator Signature)

*Note: If Peer Mentoring Coordinator is requesting reimbursement for self, a Graduate School staff member **must** sign. Submit form to Kim McCabe in the Liberman Graduate Center (DUC 300) or via campus mail to her at Campus Box 1186.*

**Graduate School Use Only:** 46230Y: \_\_\_\_\_ 94028A: \_\_\_\_\_