

Submitted By (GSC)

Financial Office Use

**Tufts University  
AS&E Graduate Student Council**

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**Individual Reimbursement Form**

This form *must be accompanied by the original, itemized receipts or invoices* for every expenditure listed and turned in to the GSC Treasurer *no later than 90 days after the date of payment on receipts.*

Graduate Student Organization or Individual Information

Organization Name: \_\_\_\_\_

Event Description: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Reimbursement Information

Check Payable to: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Permanent Phone: \_\_\_\_\_ Local Phone: \_\_\_\_\_

Total Reimbursement Amount: \$ \_\_\_\_\_

Delivery (circle one):    Mail to Address / Hold for Pickup

DeptID: **A903020**

Please itemize all receipts below, giving brief description for each receipt; use one line for each receipt submitted. *No organization will be reimbursed for state sales tax paid on expenditures.*

<u>Description</u>	<u>Amount</u>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

Please attach ALL RECEIPTS to this form with **PAPER CLIPS ONLY**.

Submitted by: \_\_\_\_\_  
Name Signature/Date

Authorized by: \_\_\_\_\_  
GSC Officer (Name, Title) Signature/Date