

STUDENT/FACULTY ENRICHMENT FUND REQUEST FOR REIMBURSEMENT

FOR AN OUT-OF-CLASS UNDERGRADUATE STUDENT/FACULTY GATHERING

(For Student/Faculty Enrichment Fund guidelines, visit http://www.uga.edu/studentaffairs/staff_faculty/enrichment.shtml)

Faculty Member's Name _____

Faculty Member's Email _____

Faculty Member's Campus Phone _____

Campus Address _____

Course Name/Number _____

Number of Participants* _____

Date of Activity _____

Location of Activity _____

Explanation of expenses

Total Reimbursement Requested** _____
(May not exceed \$8.00 per student or \$500 in total)

I affirm that the requested reimbursement is a proper charge and I have not been reimbursed nor will I file for reimbursement from any other source for the stated expenses.

Faculty Member Signature

Date

Name of Department

Signature of Department Head

Date

*An official class roster with the last four digits of each student's SSN must be attached to this form. Indicate which students participated in the event by highlighting their names.

**Original receipts must be attached to support expenditures.

To ensure proper reimbursement, this completed form and all required supporting documents are due within three weeks of the event or by the close of the budget year to:

**Office of the Vice President for Student Affairs
Student/Faculty Enrichment Fund
201 Holmes/Hunter Academic Building
CAMPUS**