

## Student Interest Group (SIG)

### Reimbursement Request

**SIG Name:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Signature (required):** \_\_\_\_\_

**Event Name/Description:**

\_\_\_\_\_

**Total requested for FOOD: \$** \_\_\_\_\_

**Total requested for OTHER: \$** \_\_\_\_\_

**Email/Bring the below to Lao Thao at [lythao@ucdavis.edu](mailto:lythao@ucdavis.edu)**

- This Reimbursement Request Form
- Original Receipt(s)
- Agenda or Flyer for Meeting/Event
- Sign-In Sheet



## Student Interest Group (SIG)

### Reimbursement Request

Event/Meeting Title: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Address/Location: \_\_\_\_\_ Room: \_\_\_\_\_

### SIGN-IN Sheet

*Please print LEGIBLY with your MS Year (MS1, MS2, etc.)*

1. _____	13. _____
2. _____	14. _____
3. _____	15. _____
4. _____	16. _____
5. _____	17. _____
6. _____	18. _____
7. _____	19. _____
8. _____	20. _____
9. _____	21. _____
10. _____	22. _____
11. _____	23. _____
12. _____	24. _____