

# REQUEST FOR CONFERENCE/TRAVEL REIMBURSEMENT

To receive reimbursement please complete this form and attach proof of payment, along with other required documentation. This request must be signed by your organization advisor to be processed.

Date \_\_\_\_\_

Organization 22310 \_\_\_\_\_

Account & Natural Account 222211 \_\_\_\_\_

Person to be Paid \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Tulane ID/Splash Card # \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Name of Conference: \_\_\_\_\_

Date of Conference: \_\_\_\_\_

Disposition Instructions <input checked="" type="checkbox"/> Hold for pickup, G11 LBG <b>Due to COVID all checks are now mailed</b>
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Total Expenses \_\_\_\_\_

Amount to be Reimbursed \_\_\_\_\_

Requested by \_\_\_\_\_  
Name – Please Print Phone Number Email

Submit completed forms in one pdf to SPHTM SGA Treasurer for SPHTM SGA Advisor signature

Approved by \_\_\_\_\_  
Student Organization Advisor signature

Advisor Email: \_\_\_\_\_

For Office Use Only Processed by _____ Date _____ Student Aide
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