

**Student Safekeeping Account**  
Reimbursement Request

*Submit this request to the Office of Student Life – 1006 Orr Major, Mailstop 4018*

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

Requesting reimbursement from:

- Student Governing Council
- Graduate Student Council
- Medical Student Assembly
- Other student organization \_\_\_\_\_

Organization making request (*if applicable*): \_\_\_\_\_

Person being reimbursed:

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Amount being reimbursed:

\$ \_\_\_\_\_

Reason for reimbursement:

\_\_\_\_\_  
\_\_\_\_\_

Special instructions (*if applicable*):

\_\_\_\_\_  
\_\_\_\_\_

Check distribution:

- Mail to payee (*must provide a self-addressed stamped envelope*)
- Email payee for pickup  
Email: \_\_\_\_\_
- Call payee for pickup  
Phone number: \_\_\_\_\_

\*Safekeeping account representative name: \_\_\_\_\_

\*Safekeeping account representative signature: \_\_\_\_\_

*(\*Must be a different person than the individual requesting reimbursement.)*

Date signed: \_\_\_\_\_

*(Office use only)*

Check number: \_\_\_\_\_

Check date: \_\_\_\_\_