

CONTACT INFORMATION

Primary Class or Student Group
Sponsoring Event _____

Name of Primary Contact
to be Reimbursed _____

Telephone Number

of Primary Contact to be Reimbursed _____

Email Address

of Person to be Reimbursed _____

Home Address for Check Mailing
(for receipt submission) _____

Business Address for Check Mailing
(for invoices) _____

EVENT INFORMATION

Name or Type of Event _____

Which student classes were invited to the event? _____

**Confirm attendance
list is attached**

**Confirm receipts or
invoice is attached**

**Confirm announcement
used is attached**

Event start/end time _____

Location _____

Dave of Event _____

Requested source of funding reimbursement _____

EVENT DETAILS Please provide a detailed event description. Use additional pages if necessary.

How did the event promote community engagement?

(eg., within a class, across classes, with other colleges/units at UGA or with MCG Augusta Campus students)

ITEMIZED LIST OF EXPENSES

Please provide detailed line-item cost breakdown. Each specific item must be placed on a new line. "Decorations" is not sufficient. **Receipts must be attached.** Grouped items will not be considered. (use additional sheets if necessary)

<u>Item/Expense</u>	<u>Quantity</u>	<u>Cost</u>	<u>Total</u>	Total approved by OSA <i>(for internal office use only)</i>
Room Rental: _____	_____	_____	_____	
Equipment Rental: _____	_____	_____	_____	
Catering: _____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
Other Supplies: _____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
Miscellaneous: _____	_____	_____	_____	
_____	_____	_____	_____	
			Total Cost _____	

Office of Student Affairs Approval Section (for internal use only)

Signature of Associate Dean of Student Affairs _____ Date _____

The proposed event will be funded by the Medical Partnership at 100% of the total cost as submitted.

Additional Comments/
Stipulations: _____

Funding Source (i.e., SIG Name, Class of XXXX House Funds, SGO Funds, UGA Student fees) _____