

**JOHNS HOPKINS SCHOOL OF MEDICINE
MEDICAL STUDENT REIMBURSEMENT FORM**

Instructions: Please complete the appropriate items below. All items must be completed before your reimbursement can be processed.

All receipts must accompany this form. You may email the completed documentation to somstudentaffairs@jhmi.edu

Name of Person Requesting \$

Date Request Submitted

Phone number

Email

Address where check will be sent (address, city, state, zip code)

If you are moving soon, please make sure you provide your most up-to-date address

Student Name/Student Group Name

Title of Event

Location of Event

Date of Event

Attendance #

Reimbursement Amount

What was purchased? _____

Amount to be reimbursed _____

Funding Source (Budget IO#) _____

Student Group Name/Funding Source – Diversity, OMSA, OMSR, MSS, dept. funds, and budget #

NOTE: If you receive funds from MSS, the MSS treasurer must approve.

MSS Treasurer Signature: _____

Office Use Only

Date Completed _____

Approved By _____