

**Johns Hopkins School of Medicine**  
**Office of Medical Student Affairs -- Student Reimbursement Form**  
**Return to: Miller Research Building, Suite 137**

Instructions: Please complete the appropriate items below. All items must be completed before your reimbursement can be processed.  
All receipts must be taped neatly to a blank sheet of paper with your name and address and attach to this form.

\_\_\_\_\_  
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, MSS, etc., & budget #*

*Office Use Only*

Date Completed \_\_\_\_\_                      Approved By \_\_\_\_\_