MEDICAL STUDENT UNION (MSU)
REIMBURSEMENT REQUEST (2016-2017)

- Please complete the following form and return it and all receipts to TARA FUNK (mailbox Osler 707) WITHIN 2 WEEKS of the event.

- Be sure all purchases are tax exempt (see Tara Funk if you need a copy of the Tax Exempt letter for Loyola). We cannot reimburse you for taxes if you accidently pay them.

- NEW FOR 2016-2017: If you have not received a reimbursement from Loyola University of Chicago previously (medical equipment refund or previous reimbursement for anything else), you will need to fill out the attached W-9 form. Please make sure your information is legible. You can submit the W-9 with your other paperwork or you can also fill it out online and submit it directly to LUC. If you would like a link to the online copy, please email me at tfunk2@luc.edu.

Thank you,

Your MSU Board
MEDICAL STUDENT UNION (MSU) REIMBURSEMENT REQUEST (2016-2017)

Please complete the following form and return it and all receipts to TARA FUNK (mailbox Osler 707) WITHIN 2 WEEKS after the event. Be sure all purchases are tax exempt (see Tara Funk if you need a copy of the Tax Exempt letter for Loyola).

Please fill in ALL information below legibly

Name of Student Group/Class: ________________

Name of Event: ____________________________

Estimated Attendance: ___________

Date and Time of Event: _________________

EVENT DETAILS:

Expenses (list amount & description):

__________________________________________________________________________

__________________________________________________________________________

Total Amount Requested for Reimbursement: __________

REIMBURSEMENT INFORMATION:
Name & Mailing Address of person
 to be Reimbursed (not Community mailbox):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Phone #: _____________________________

Email address: __________________________

YOUR SIGNATURE: _________________________ DATE: __________
Name (As Shown on your income tax return) ___________________________ Website (URL) ____________________________________________

Business/parent name/disregarded entity name, if different from above ___________________________

Address (number, street, and apt or suite number) ________________________________________

City ___________________________________________ State _______________ Zip Code __________

☐ Employer Identification Number - or - ☐ Social Security Number (SSN) ______________________

Federal Tax Classification:

☐ Foreign Alien or Entity - Must complete and attach appropriate Form W-8

☐ Individual/Sole Proprietor ○ C Corporation ○ S Corporation ○ Partnership ○ Trust / Estate

☐ Limited Liability Company ___________________________ ☐ Other ____________________________

(Enter the tax classification: C - Corporation, S - S Corporation, P - Partnership)

☐ Exempt payee code (if any) ___________________________ ☐ Exempt from FATCA reporting code (if any) ______________________

NAICS # (North American Industry Classification System) www.census.gov/eos/www/naics/

☐ Women-Owned (WBE) ○ Vetran-Owned ○ Service Disabled Veteran-owned

☐ HUBZone ○ Minority (MBE) ○ Disadvantaged (DBE)

If selected DBE, please indicate the DBE classification as defined in FAR - Small Business Programs – Part 19.001 Definitions:

☐ African American ○ Native American ○ Asian American ○ Hispanic American ○ Other __________

☐ NAICS Certified by: __________________________________________________________ (Attach copy of the Certification)

Dun & Bradstreet Number __________________________

Payment Preference:

☐ ACH ○ Check ○ E-Payables (Contact Loyola to establish an account)

If you elect to receive your payments via ACH, please provide:

Bank/Institution Name __________________________________________

Bank Identification/Account Number ___________________________ Routing Number _______________

Contact Information:

Principal Contact Name ___________________________ E-Mail Address ___________________________ Phone Number __________ Fax Number __________

Sales Representative Name ___________________________ E-Mail Address ___________________________ Phone Number __________ Fax Number __________

Customer Service Name ___________________________ E-Mail Address ___________________________ Phone Number __________ Fax Number __________

Accounts Receivable / Credit ___________________________ E-Mail Address ___________________________ Phone Number __________ Fax Number __________

Send All Orders To ___________________________ E-Mail Address ___________________________ Phone Number __________ Fax Number __________

Certification:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

3. I am a U.S. citizen or other U.S. person (defined below), and

4. The TIN code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all the interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of the Authorized Representative ___________________________ Date __________ Phone Number __________