MEDICAL STUDENT UNION (MSU)
REIMBURSEMENT REQUEST (2019-2020)

• Please complete the following form and return it and all receipts to TOOBA GHOUS (mailbox dePorres 261) WITHIN 2 WEEKS of the event.

• Be sure all purchases are tax exempt (see Tooba Ghaus or Alia Poulos if you need a copy of the Tax Exempt letter for Loyola). We cannot reimburse you for taxes if you accidently pay them.

• 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 tghous@luc.edu

Thank you,

Your MSU Board
MEDICAL STUDENT UNION (MSU) REIMBURSEMENT REQUEST (2019-2020)

Please complete the following form and return it and all receipts to **TOOBA GHOUS (mailbox dePorres 261) WITHIN 2 WEEKS** after the event. Be sure all purchases are **tax exempt** (see Tooba Ghaus 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:**

For MSU Use Only:
Person and Amount

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

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Phone #: ____________________________

Email address: _______________________

YOUR SIGNATURE: _____________________  DATE: __________