

Johns Hopkins University School of Nursing
Student Reimbursement Form

PLEASE COMPLETE IN ALL CAPS

Before you begin this form, please note the following:

- This form is for ALL events/activities and purchases for SON student groups and organizations, including reimbursements
- A ROSTER OF ATTENDEES OR SIGN-IN SHEET and EVENT FLYER AND/OR EMAIL MUST ACCOMPANY ALL REIMBURSEMENT REQUESTS FOR FOOD/REFRESHMENTS. ALSO, REIMBURSEMENT REQUESTS MUST INCLUDE BOTH THE ITEMIZED BILL AND RECEIPT FOR PAYMENT. (CAN BE 2 SEPARATE ITEMS, OR INCLUDED ON SAME RECEIPT. ACCOUNTS PAYABLE REQUIRES BOTH AN ITEMIZATION OF WHAT WAS PURCHASED, AND PROOF OF PAYMENT FOR THE ITEM/S.)

Today's date: _____

Student Contact Information

Name of Student Contact: _____

Phone: _____ Email: _____

Name of Sponsoring Student Group: _____

Event Information

Name: of Event: _____

Day/Date of Event: _____

Start Time: _____ End Time: _____

Budget Information

What is the estimated TOTAL cost of the event/reimbursement? _____

Reimbursement Information - Please be sure to attach original receipts to this form

Name and address of person to be reimbursed

PLEASE USE ALL CAPS

Is person being reimbursed a JHU employee? (check one) Yes No
Reimbursement for JHU employees will be sent using the same method as the paycheck (i.e.: direct deposit)

JH Employee Pay Number: _____
Pay number can be found on top right corner of paystub