

**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*