



## SLLC Reimbursement Request Form

*\*Use this form if you are: (1) A student not on UMD payroll; (2) A student employee whose primary supervisor is not an SLLC Department/Program Head; (3) Requesting alcoholic reimbursement from USM/UMCP Foundation.*

*\*\*Faculty should submit [Concur Expense Reports](#) for food, travel-related, and non-travel expenses reimbursement.*

**Reimbursement Request Form is no longer needed.**

### Instructions:

1. Submit completed form to [sllc-adminaffairs@umd.edu](mailto:sllc-adminaffairs@umd.edu).
2. Provide original itemized receipts. Event flyers and lists of attendees are also required for food reimbursement.

Requestor Name: \_\_\_\_\_ UID: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Description of Items Purchased	Total
Grand Total:	

Reason for Purchase: \_\_\_\_\_

### For Food/Refreshments:

Event Name: \_\_\_\_\_ Event Date & Time: \_\_\_\_\_

Event Location: \_\_\_\_\_ Number of Attendees: \_\_\_\_\_

### Program Head/Funding Approval:

Worktag: \_\_\_\_\_ Account/Project Name: \_\_\_\_\_

USM/UMCP Foundation Acct: \_\_\_\_\_ Foundation Acct Name: \_\_\_\_\_

Authorized Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### To be completed by SLLC Administrative Affairs:

Ref#: \_\_\_\_\_ Spend Date: \_\_\_\_\_ Workday Doc#: \_\_\_\_\_ PCard Initial: \_\_\_\_\_ TCard Initial: \_\_\_\_\_