STUDENT ACTIVITY FEE REIMBURSEMENT REQUEST

This form must be submitted to A.S. Executive Assistant’s Office within ten business days from the date of the activity or event listed below in order to receive a pro rate refund of mandatory student fees used to fund the event. It is the responsibility of the requesting student to pickup the student fee refund from the A.S. Executive Assistant during normal business hours on the 3rd floor of Price Center.

Name & Date of Activity or Event: __________________________

Sponsor of Activity or Event: __________________________

Reimbursement is requested because I believe the activity or the event is (circle all applicable items):
- Political
- Ideological
- Religious

Description of activity or event:

________________________________________________________________________

________________________________________________________________________

I declare that the information submitted above describing the activity or event is true and correct and is submitted processing pursuant to UCSD Policies and Procedures Applying to Student Activities, Section 18.13.13.

Submitted by:
Name (print): ___________________________ Student ID #: ___________________________ Date: ___________________________

Signature: ___________________________ Email address: ___________________________ Phone: (____) _______ _______ _______

FOR OFFICE USE

FINANCE COMMITTEE:

Total number of registered undergraduate students during quarter of activity/event: ___________________________

Activity/Event allocation amount: ___________________________ Reimbursement amount: ___________________________

The request for pro rata reimbursement of student fees used to fund the activity or event described in this form is approved based on the finding pursuant to UCSD Policies and Procedures Applying to Student Activities, Section 18.13.11 that the nature of the activity or event is (circle all applicable items):
- Political
- Ideological
- Religious

A.S. Vice President Finance ___________________________ Date ___________________________

A.S. Advisor ___________________________ Date ___________________________

ONLY ORIGINAL FORMS WILL BE ACCEPTED.