

**UCSD Skaggs School of Pharmacy and Pharmaceutical Sciences
Associated Students**

Funding Request Form

Note: Please obtain and review the UCSD Skaggs School of Pharmacy and Pharmaceutical Sciences AS Finance By-Laws prior to submitting this request form. Upon submission of this form to the AS Finance Committee, the requestor is agreeing to the terms stated in the Finance By-Laws.

Funding request forms **MUST** be submitted to the Finance Committee at least two weeks prior to the event date (or when funding is needed).

Event Information

Organization Involved:

Name of Event:

Date of Event:

Time of event:

Event Purpose:

Number of students who will potentially benefit from this event:

Contact Information

Name of requestor:

Title:

Phone number:

E-mail:

Signature of Requestor:

Date:

Funding Information

Receipts for items purchased **MUST** be submitted to the AS VP of Finance on receipt submittal form in order to be reimbursed.

Amount Requested:

Description of how funding will be used:

FOR FINANCE COMMITTEE AND AS COUNCIL USE ONLY

Amount FC Approved:

1) FC approval for AS Council review: [] Yes [] No Date:

2) Approval by AS Council: [] Yes [] No Date:
Vote Y: N: A:

3) Copy of event advertising acknowledging UCSD SSPPS AS support submitted on:

4) AS VP Finance Signature:

Date:

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Receipt Submittal Form

Please number the top of each receipt being submitted with the corresponding row number below. Receipts for items purchased must be submitted to the AS VP of Finance prior to receiving reimbursement. Reimbursement will only be given for items/events that were previously approved by the AS Finance Committee.

Receipt #	Purchase Date	Vendor	Amount	Description	Reimbursement payable to:
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Total Amount of all receipts: _____