

MSTP Reimbursement Form Table of Contents

Reimbursement Form 1 - Use only for **meals at a restaurant**

Reimbursement Form 2 - Use for **everything else including catering, travel, and computers**

Important Notes on Reimbursements

- All reimbursement receipts need to be sent to **MSTP@case.edu**.
 - When submitting reimbursement for council-related items, please copy **Andy Chen, axc1267@case.edu**
 - Please try to limit the number of reimbursements submitted per event and **ensure that reimbursements are submitted within the month of purchase.**

- Receipts must include **purchase date, name of the company/place/restaurant, an itemized list of all items purchased, the total spent, and the last 4 digits of the credit card used.**
 - If purchasing meals, please include the list of attendees.
 - Make sure all receipts are legible to ensure that reimbursements are processed smoothly.
 - **We cannot reimburse for tax or alcohol.**

- For travel reimbursements, you must **include your receipts as well as a copy of your conference acceptance letter.** Please submit your reimbursement in a timely manner.
 - If submitting a reimbursement to additional departments for the remainder of travel expenses, please provide MSTP with contact information for the departmental admin who is handling your partial reimbursement.

MSTP Student Reimbursement Form 2

Note: This reimbursement is for all other purchases made outside of meals. We cannot reimburse for alcohol purchases. If you plan on serving alcohol at your event, contact mstp@case.edu or stop by the office (SOM T401) at least 3 weeks prior to your event to order alcohol through Purchasing.

Please send your entire reimbursement in **one PDF** to mstp@case.edu. Include the following:

- Your receipt, itemized if necessary. If you have more than one receipt, please use the table below to list and total them.
- Reason for reimbursement
- Total amount
- **IMPORTANT** - We cannot reimburse for tax

(1) Student to be reimbursed: _____

(2) Date: _____

(3) Total Amount to be reimbursed: _____

(4) Purpose of reimbursement: _____

Please indicate how you want to receive your payment:

_____ Mail check (Make sure your **PERMANENT** address is correct in SIS. MSTP is not responsible for lost or stolen checks.)

_____ Pick up in Cashier's Office in Sears Library (next to Wickenden), Room 210

<u>Vendor</u>	<u>Amount</u>
Total	