



# DMS STUDENT GOVERNMENT

## RECEIPT RECORD / REIMBURSEMENT REQUEST

Office of Student Affairs  
302 Remsen  
Hanover, NH 03755-3833

Telephone 603-650-1509  
Facsimile 603-650-1169

Name: \_\_\_\_\_ Dart ID#: \_\_\_\_\_

Student Group: \_\_\_\_\_

Amount spent on credit card or Amount to be reimbursed: \_\_\_\_\_

I certify that the charges on the attached receipts that I am submitting to the Dartmouth Medical School Office of Student Affairs for *(insert purpose of expenses below)*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

are accurate and are valid business expenses. If I am requesting reimbursement, I am not claiming reimbursement from another source for these charges.

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

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If you are requesting reimbursement:

Legal Mailing Address (local):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send check to my mailing address

Send check to my Hinman Box

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For student government use only:

Entered?: \_\_\_\_\_

Approved?: \_\_\_\_\_

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### Please staple all receipts to this form.

Forms for fiscal year (July-June), must be received by June 30th