UCSD ACSSA Member
Reimbursement Form

I: Please fill out all of the following categories:

Name: _____
Name used for bank account

Date: / /

Email: _____

Phone: ( ) -

Amount: **$** _____

Reason: ☐ ACS Membership ☐ Other: _____

Please attach receipts or a photocopy of receipts for your reimbursement to be considered.

II: For National ACS Membership, please fill out the following:

Name: _____ **Member No.:** # _____
As written on registration form

Date Registered: / /

III: If requesting reimbursements for another reason, please fill out the following:

Item	Cost	Reason

Total Costs: _____

For ACSSA Treasurer Only:

Date: _____ **Check No.:** _____ **Deposited?** ☐ **Date:** _____