



UNIVERSITY of MARYLAND  
SCHOOL OF NURSING

**Request for Funds or Reimbursement**

Today's Date: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Student Organization: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Empl.ID/Student # \_\_\_\_\_

Items purchased or purchasing:

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

Name of Company (if applicable): \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Requester

Date

Signature of Organization Treasurer (required)

Date

***Instructions:*** Reimbursement requests must be submitted within 30 days of purchase and will be approved in accordance with standard University policies. Complete this form and return it with all receipts attached to Katie Lamp, University of Maryland School of Nursing, Room 106E (klamp@umaryland.edu). Requests cannot be processed without original receipts and any other required documentation of the event or purchase. Allow 10-14 business days for reimbursement requests to be processed. Please allow 6-8 weeks after submission and processing to receive your requested funds if approved.