

Whitehead Medical Society Reimbursement Form

Title of organization: _____
WMS representative and telephone # _____

Make Check Payable To: _____ **SS#** _____
please print clearly (must be name of individual, not the organization)

Address: Street _____ City _____ State _____ Zip _____

When check is ready, you can be contacted at: Phone _____ email _____

Title of Event: _____ Date(s) event was held _____

Description of Event: _____

Number of UNC medical students attending event: _____

(if fewer than 8, include the names of those attending)

Other student groups involved: _____

If a community service activity, number of participants (besides students): _____

Counties served by this activity: _____

Actual cost of event: \$ _____

Amount requested for refund: \$ _____

Itemization of Expenditures:

(use additional pages if necessary)

**Please staple all pages to original receipt and return to WMS Box in the Office of Community Service (65 MacNider).
You cannot get reimbursed without an original receipt!**

By my signature, I certify that expenses incurred and reimbursement due have been accurately recorded and that all other information is correct.

Signature

Date

For official use only:

Date received by WMS Treasurer _____

Date received by Student Affairs _____

Date form and attachment reviewed for completeness in Student Affairs _____

Status to student (via email) date _____ cc: Whitehead Treasurer

form is ok _____ need more info _____ additional info required _____

If need more info: date student brought in _____

Date processed check request and sent to Accounting _____

For use if Accounting returns check request:

Date sent back from Accounting for incomplete/missing info _____

Date contacted/communicated with student _____

Date student brought missing info to Student Affairs _____

Date returned to Accounting with info requested _____

Date received check from Accounting _____

Date notified student check is ready _____

Date student picked up check _____

NOTES _____