## STUDENT REIMBURSEMENT REQUEST

- After obtaining Dr. Lakes' signature, email this completed form and the documents listed below to OMEfinance@uky.edu.
  - Conference agenda with conference dates
  - o Conference registration receipts
  - Any other receipts with purchase details
  - Proof of payment. Credit card or bank statement is proof of payment. Statement must be in the student's name. Statement should be redacted of all financial details and other information not related to this request.
- Required documents should be saved as one (1) PDF file. Save the file as your last name, first name, and conference name.
- Request will be reviewed by OME Budget Officer and submitted if complete. If not complete, the request will be returned to the student.
- Payments typically take up to 4 weeks to complete.
- If you have any questions about the form or documents, please email questions to <a href="Months:OMEfinance@uky.edu">OMEfinance@uky.edu</a>.

## **Student Information**

Student Name:		Student ID #:
Address check should be ser	nt to:	
Phone #:	Email Address:	
Reimbursement Informat	<u>iion</u>	
Conference Name:		
Conference Start Date:	Conference End Date:	Did you present at the conference?
Did you represent UK in an o	official capacity at the conference? If so	, please describe your role.
<u>Funding</u>		
Total Expenses:	_ Amount Requested: Al	re you receiving funding from other sources?
If yes, detail funding sources	and amount.	
<u>Approvals</u>		
Signature:		
Dr. Lakes, Ass	sociate Dean, Student Affairs	
Signature:		