

## STUDENT REIMBURSEMENT REQUEST

- Students attending a conference to present research or represent UK College of Medicine as an officer may be eligible for up to \$500 reimbursement.
- After obtaining Dr. Lakes' signature, email this completed form and the documents listed below to [OMEfinance@uky.edu](mailto:OMEfinance@uky.edu).
  - Conference agenda with conference dates
  - 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 [OMEfinance@uky.edu](mailto:OMEfinance@uky.edu).

### Student Information

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Address check should be sent to: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Reimbursement Information

Conference Name: \_\_\_\_\_

Conference Start Date: \_\_\_\_\_ Conference End Date: \_\_\_\_\_ Did you present at the conference? \_\_\_\_\_

Did you represent UK in an official capacity at the conference? If so, please describe your role.

### Funding

Total Expenses: \_\_\_\_\_ Amount Requested: \_\_\_\_\_ Are you receiving funding from other sources?

If yes, detail funding sources and amount.

### Approvals

Signature: \_\_\_\_\_  
*Dr. Lakes, Associate Dean, Student Affairs*

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

*Andrew Buck, OME Budget Officer*