**Student Interest Group in Neurology (SIGN) Expense Reimbursement Form**

<table>
<thead>
<tr>
<th>Acct #</th>
<th>SIGN #</th>
<th>Description</th>
<th>Date of Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>7010</td>
<td>02-30060-00-002</td>
<td>Copier</td>
<td></td>
</tr>
<tr>
<td>7010</td>
<td>02-30060-00-002</td>
<td>Food/Beverage</td>
<td></td>
</tr>
<tr>
<td>7010</td>
<td>02-30060-00-002</td>
<td>Other (explain)</td>
<td></td>
</tr>
</tbody>
</table>

**PLEASE NOTE:** This form should be dated, signed and the original receipt MUST be attached. Please keep a copy for your records. No reimbursements will be issued without a receipt. Forms are accepted only via ground mail (faxes/emails not accepted).

1. Each SIGN Chapter can submit up to $400 in expenses for the Academic year September 2016 through July 2017.
2. Funds do not accrue from year to year. If all funds are not used, they are forfeited.
3. Checks must be made payable to an individual, SIGN chapter or the institution and not directly to the business providing the service.
4. Convert all expenses to U.S. dollars if outside the U.S so you receive the correct amount in reimbursement.
5. IRS Guidelines require requests for expense reimbursement must be submitted within 30 days of the event. In order to meet this guideline, we ask requests for expense reimbursement be submitted within 15 days to allow time for approval and processing.

**General Policy Reminders:**

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**Signature of SIGN Representative**

**AAN Staff Liaison Approval**

**AAN Supervisor's Approval**

**AAN Director Approval**

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**Revised on 12/21/16**