Student Interest Group in Neurology (SIGN) Expense Reimbursement Form

Date: ___________________________ Check Payable to: ___________________________

Name of Institution: ___________________________ Address: ___________________________

Completed by: ___________________________ Email Address: ___________________________

Staff Liaison: Maggie Rock 612-928-6073

<table>
<thead>
<tr>
<th>Acct #</th>
<th>SIGN #</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7010</td>
<td>02-30060-00-002</td>
<td>Printing/Copying</td>
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<td>7010</td>
<td>02-30060-00-002</td>
<td>Food/Beverage</td>
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<td>7010</td>
<td>02-30060-00-002</td>
<td>Other (explain)</td>
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</tbody>
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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 via ground mail and email.

Signature of SIGN Representative _____________________________________________ Date: __________

Please provide a short explanation of the event you held.

________________________________________________________________________

________________________________________________________________________

General Policy Reminders:
1. Each SIGN Chapter in the US and Canada can submit up to $400 in expenses for the Academic year September 2017 through July 2018.
2. SIGN Chapters should submit their event plan prior to the event for reimbursement approval. See SIGN Resources on SIGN website page for the Google form.
3. Funds do not accrue from year to year. If all funds are not used, they are forfeited.
4. Checks must be made payable to an individual, SIGN chapter or the institution and not directly to the business providing the service.
6. 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.

Revised on 8/18/17