**Medical Students for Choice®**

 **Request for Reimbursement**

**School:**

**Payment Recipient:**

**Mailing Address:**

 *(Street Address)*

 *(City, State/Province, Zip Code)*

**Phone number:**

**Select Payment Method**

Check\*

 PayPal

 PayPal Email:

**Reason for Request**

MSFC Student Activism Fund

 MSFC Trust Account Reimbursement

 Other, please specify:

**Event Topic/Title:**

**Date of Event: Number of Attendees:**

**Event Details:**

**Name and Affiliation of Speaker(s):**

 **Date:**

 **Total Amount Requested**

**FOR MSFC STAFF USE ONLY**

DATE APPROVED:

INITIALS:

CLASS:

SPECIAL INSTRUCTIONS:

**BEFORE SUBMITTING YOUR REIMBURSEMENT, PLEASE ENSURE THAT:**

* **Your request is submitted within 30 days of the date on your receipt, and**
* **You include all receipts with this request. ALL RECEIPTS MUST BE ITEMIZED.**

 *MSFC does not accept bank or credit card statements.*

*\*Paypal is recommended. If your check does not reach you, you will be responsible for a $33 stop payment fee.*

**If you are not a student leader, please ask a current student leader to approve your request by emailing** **students@msfc.org****.**

Please email reimbursement requests to students@msfc.org.

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