

## Pre-authorization and/or Expense Reimbursements Instructions

### **If you are requesting reimbursement for an EVENT:**

1. Pre-Event Instructions:
  - a. Submit to [yanarle.guerrerojones@vcuhealth.org](mailto:yanarle.guerrerojones@vcuhealth.org) the completed **Pre-Authorization Form** (attached).
  - b. Prepare your preferred method of reimbursement, either via **direct deposit** or **check**.
    - i. **For direct deposit reimbursement**, follow the instructions here:  
<https://treasury.vcu.edu/disbursements/-direct-deposit-of-financial-aid/>
    - ii. **For check reimbursement**, verify your mailing address in **eServices**. The check will be mailed to the address listed in eServices.
2. Post-Event Instructions:
  - a. Submit the following **required** documentation along with your request for reimbursement:
    - i. Completed **Student Reimbursement Form** (attached)
    - ii. Itemized receipt(s) for all goods/services purchased
    - iii. Screenshot of the bank statement where goods/services were charged (redact personal information if necessary)
    - iv. Attendee list

### **If you are requesting reimbursement for TRAVEL:**

1. Pre-Travel Instructions:
  - a. Prepare your preferred method of reimbursement, either via **direct deposit** or **check**.
    - i. **For direct deposit reimbursement**, follow the instructions here:  
<https://treasury.vcu.edu/disbursements/-direct-deposit-of-financial-aid/>
    - ii. **For check reimbursement**, verify your mailing address in **eServices**. The check will be mailed to the address listed in eServices.
2. Post-Travel Instructions:
  - a. Submit the following required documentation along with your request for reimbursement:
    - i. Completed **Student Reimbursement Form** (attached)
    - ii. Student Reimbursement Form

- iii. Receipt of purchased air/rail/other transportation ticket(s)
- iv. Air/rail/other transportation Itinerary
- v. Screenshot of the bank statement where the transportation expenses were charged (redacting personal information if necessary)

Please direct all reimbursement questions to me at [yanarle.guerrerojones@vcuhealth.org](mailto:yanarle.guerrerojones@vcuhealth.org)

# REQUEST FOR AUTHORIZATION FOR ALL SOM STUDENT EVENTS

(PLEASE SUBMIT ONLY ONE FORM PER EVENT)

PLEASE PRINT LEGIBLY

Please complete all requested information. Incomplete requests will not be considered. All requests for authorization must be submitted and approved, NO LESS THAN 1 WEEK PRIOR TO THE DATE OF THE EVENT. In addition, please allow 48 hours for the approval process. Requests for reimbursement for expenses incurred in support of a SOM student event without receipt of proper authorization, will not be processed.

Please submit all requests for authorization to: Yanarle Guerrero-Jones  
Financial Manager  
Dean's Office, Sanger Hall: 1<sup>st</sup> Floor, Suite 1040

STUDENT INTEREST GROUP/ORGANIZATION: \_\_\_\_\_

REQUESTOR NAME(S): \_\_\_\_\_

E-MAIL OR PHONE: \_\_\_\_\_

EXPENSE TYPE:

LUNCH LECTURE  SPECIAL EVENT  SUPPLIES  FOOD  OTHER \_\_\_\_\_

DESCRIPTION:

DATE OF EVENT: \_\_\_\_\_ LOCATION OF EVENT: \_\_\_\_\_

EXPECTED NO. OF ATTENDEES: \_\_\_\_\_ AMOUNT REQUESTED: \_\_\_\_\_

NAME OF LECTURER/FACULTY ADVISOR: \_\_\_\_\_

RECEIVED: \_\_\_\_\_

APPROVED: \_\_\_\_\_

Yanarle Guerrero-Jones – Financial Manager

INDEX NUMBER: \_\_\_\_\_