



DAVID GEFKEN
SCHOOL OF MEDICINE
AT UCLA

MSC BUDGET COMMITTEE Student Organization Food Request

Name of Group Requesting Food:

Group Officers' Names (President, VP):

Faculty Advisor's name:

Department (if applicable):

Contact Person Name:

Class of:

Email Address:

Phone Number:

Please mark if you are a recognized member of one of the following groups:

- Student Organization Community Service Group
 Specialty Interest Group Other (please explain):

Please provide a brief explanation of your planned lecture or activities requiring food:

Proposed Benefit to the UCLA Community:

Date of Event(s): Time of Event(s): am / pm

Room Reserved for event:

Estimated Number of Attendees: (Collect RSVP's beforehand to ensure accurate estimate)

Type of Food Requested:
Lecture dates/ food vendors

Please indicate if you have attempted to find funds from other sources and please specify amount:

- Fundraising:
 Department: (i.e. specialty interest groups):
 Student organization (i.e. AMSA, AMA, etc):

Has the Student Affairs Office free sponsored lunch already been granted? Y/N
I have completed the following:

- Checked calendar for conflicts
- Posted Event
- Reserved the Room
- Attached RSVP list
- Reviewed related policies if applicable (see here for links:
<http://www.medstudent.ucla.edu/current/organizations/?pgID=298>)

I agree to the following:

- I will sign for and check food deliveries for accuracy (food will be delivered ½ hour prior to event)

TOTAL AMOUNT APPROVED BY MSC:

APPROVED BY:

DATE APPROVED:

For Student Reimbursement Purposes Only
 (Do not fill out until after MSC Approval)

Name:

Mailing Address:

Social Security Number:

(Attach original receipts and credit card/bank statements showing proof of purchase)

All requests will be processed by:

Dawn Yoshinaga

Student Affairs Accounting 12-159 CHS

Submit Receipts within 30 days of travel/purchase

Questions should be directed to:

emilyswant@ucla.edu

SAO Accounting Use Only	
<input type="checkbox"/>	Received on:
<input type="checkbox"/>	Processed by accounting on:
<input type="checkbox"/>	Additional SAO Funding \$ _____
<input type="checkbox"/>	Amount to be reimbursed: