

## LSAMP Reimbursement Request

Name:	Date:
SFSU ID No:	Current email address:
Reimbursement is being requested for the following items/activities (select all that apply):	
□ STEM Textbooks/Supplies	
$\Box$ Travel (Attachment of travel r	equest form required)
$\Box$ Conference Registration	
Research Stipend	
Research Supplies	
$\Box$ GRE Test Fee(s)	
□ GRE Preparation Class	
$\Box$ Other (please describe):	
Total Reimbursement Requested:	
Requester should not write below this line	
Approved LSAMP Application is	on file: $\Box$ Yes $\Box$ No
Approved Reimbursement Total:	\$
Reviewed by:	Date:
Date reimbursement/stipend was	processed: