

## Future Physician Leaders CHP Reimbursement Form

Date: 6/17/13 Name of Requestor: Nastassia Valenzuela

Name of Event: Diabetes Prevention in SB through Nutrition and Physical Activity

Date of Event: 5/28/13

Location of Event: San Bernardino Health Fair, CSUSB

Number of Participants (approx.): 50

Address to Mail Reimbursement Check: 900 University Avenue

City: Riverside, State: CA, Zip Code: 92521

Authorization: \_\_\_\_\_ (signature or attach email approval)

Name (Christina Granillo, Alejandro Espinoza or Nastassia Valenzuela)

W-9 Completed: **Yes** No

Quantity	Item name (no gift cards, no reimbursement for travel/mileage, all equipment and supplies will remain FPL property, itemized receipt & approval required)	Price	Total Cost
2	Bayer Blood Glucose Test Strips- 25 BX	\$22.99	\$45.98
3	Bayer Breeze 2 Blood Glucose Monitor- 1 Each	\$9.99	\$29.97
1	Cotton Balls	\$1.00	\$1.00
1	Large Latex Gloves- 100 Count	\$2.50	\$2.50
N/A	Food (Please See Receipt for Details)- Fruit, Juice, Crackers	N/A	\$13.45
	<b>Total</b>		\$92.90
	<b>Tax</b>		\$6.95
			\$99.85

**Total Reimbursement (Not to exceed \$100 per team)** \$ **\$99.85**

**\*Please attach your completed W9 form and original receipts** (please keep a copy for yourself) and submit to one of the FPL program coordinators for processing. Original receipt, such as credit card receipts or invoices marked as paid in full, are required.

DO NOT COMPLETE THIS SECTION - OFFICE USE ONLY

FAU Name/Number #: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Student Name: \_\_\_\_\_ Site : \_\_\_\_\_