

**FACULTY ENTERTAINMENT OF STUDENTS
REIMBURSEMENT REQUEST FORM
2008 – 09**

GUIDELINES:

- Full-time faculty members with rank of instructor and above are eligible for reimbursement for hosting students enrolled in their courses and/or academic advisees-(President's Guidelines). Faculty Fellows in Brown, IRC, or Hereford Residential Colleges may also be reimbursed for hosting students from the respective residential colleges.
- Reimbursement from the fund will be approved by the Office of the Dean of Students in an amount up to \$100 per occasion, with reimbursement to an individual faculty member not to exceed one occasion during the fall and spring semesters, J-term, and summer session. Original receipt with only reimbursable expenses (no personal expenses, please) must accompany the request form.
- Reimbursement will be approved for hosting only in the faculty residence, in a University Dining Service location, in a University location or for attendance at a University sponsored play or musical performance. (Note: Corner restaurants do not meet the guidelines.)
- For a class with enrollment of forty or more students in one section, faculty may host up to three sub-groups of the class with each occasion eligible for the full reimbursement. Hosting of the class in these instances will be considered as one occasion. This special provision does not extend to hosting advisees.
- In keeping with the Alcohol and Drug Task Force Report and the University Alcohol Policy, alcohol should not be provided at social activities attended by underage students. For this reason, reimbursement requests for purchases of alcohol served at social occasions for students of undergraduate courses will not be accepted.
- Reimbursement requests must be submitted for reimbursement within 30 days of the date on receipt(s). Requests with receipt(s) dated over 30 days will be denied and returned.

PLEASE PRINT OR TYPE

Date Submitted _____ Employee ID _____

Name _____ Email _____
(First) (MI) (Last)

Home Address _____ Zip Code _____

Academic School _____ Faculty Rank _____ Full time? Y / N
(circle one)

Date of Occasion _____ Location of Event _____

GRADUATE COURSE

Number and Name _____

Number of Students Entertained _____

UNDERGRADUATE COURSE

Number and Name _____

Number of Students Entertained _____

AMOUNT REQUESTED FOR REIMBURSEMENT _____

(Please attach **ORIGINAL ITEMIZED RECEIPT** for purchases)

FACULTY SIGNATURE

SUBMIT TO: MEGAN DRAKE, OFFICE OF THE DEAN OF STUDENTS
P.O. BOX 400708, PEABODY HALL – SECOND FLOOR
UNIVERSITY OF VIRGINIA
CHARLOTTESVILLE, VA 22904-4708

For Office of the Dean of Students Use Only:

_____ Approved Payment Voucher # _____

_____ Not Approved (State Reason) _____

Approval Signature _____ DATE _____