

SPA Reimbursement Request

Name:	Date:
SFSU ID No:	_ Current email address:
Reimbursement is being requeste apply):	ed for the following items/activities (select all that
☐ STEM Textbooks/Supplies	
☐ Travel (Attachment of travel re	equest form required)
☐ Conference Registration	
☐ Research Stipend	
☐ Research Supplies	
☐ GRE Test Fee(s)	
☐ GRE Preparation Class	
☐ Other (please describe):	
Total Reimbursement Requested	:
	should not write below this line
Approved SPA Application is on fil	e: 🗆 Yes 🗆 No
Approved Reimbursement Total: \$	\$
Reviewed by:	Date:

Date reimbursement/stipend was processed:	