

ASUH RESEARCH/GRAD TEST PREP REIMBURSEMENT REQUEST FORM

To: ASUH / SLD
2465 Campus Road, Campus Center Room 211A
Phone: (808) 956-4822, Email: asuh@hawaii.edu

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number / Email Address: _____

Please make check payable to:

Name: _____

Mailing Address (# and street): _____

City, State, Zip: _____

These funds were awarded through: _____

I certify that I have incurred these expenses for the purposes stated in the following SCR (s):

Signature of (Awardee)

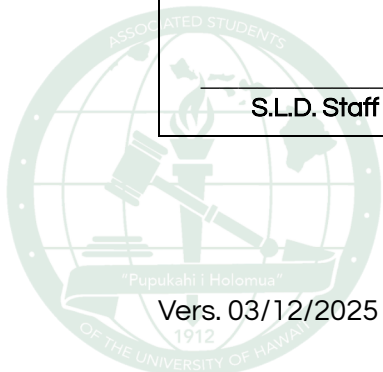
Date

(OFFICE USE ONLY)
Certification of Organization Representative

I certify that the signature above is a true representative of _____
and is authorized to act on the organization's behalf. (Organization Name)

S.L.D. Staff Representative

Date



Vers. 03/12/2025

ASUH
Associated Students of the University of Hawai'i
YOUR STUDENT GOVERNMENT