

Medical/Dental Expense Form

(Undergraduate Students)

Student Name	Email
SUID Number	Telephone Number
STEP I: Read and Review	
Scholarship at the time the expens additional funding. Additional funding depending on the FAO's evaluation	enrolled and receiving Stanford Need-Based ses were incurred in order to be considered for ding may be in the form of loans or scholarship funds n of your financial circumstances. al and/or dental expenses must be incurred during the
► Documentation of the costs is requ	ired to complete this request.
STEP II: List all out-of-pocket medical/denta	al expenses per receipt
Description of Expense	Date of Service Amount

STEP III: Additional Information and Acknowledgement
Please review the following statements. If you agree to the terms listed, sign and date below.
 The items shown on my receipts/invoice are incurred by me during the current academic year
I have not been reimbursed nor will I seek reimbursement of the expenses listed above from any other sources.
 I understand that if I attach a medical or dental treatment plan, that I must submit the actual receipt when services are provided.
 I understand that I may be offered loan funds only to cover these expenses.
• I understand that I may need to wait up to four weeks to receive a response for this request.
Student Signature Date
Student Signature Date
STEP IV: Attach Documentation
Receipts must include description of expense, date of service and amount. Submit
documentation along with this completed form.