

Prize Distribution Form

EventName: Sunset Yoga Event Date: 5/17/2024

Group: Revelle Residence Life

Distributor Name: Erica Sanchez Distributor Signature: _____

Email & phone: ersanche@ucsd.edu

Instruction:

1. Complete the **Item** and **Value** columns prior to event
2. Fill out the form on a computer/tablet (**preferred**) OR Print the form, and take it to the event.
3. Ask recipients for information needed for the remaining columns next to the items they are receiving.
Legal names should be used - no nicknames.
4. If the recipient is a non employed student, please fill out PID only in the last column. **Double check PIDs.**
5. If the recipient is employed by the university, please fill out Employee ID (EID) only in the last column .
6. If the recipient is a community member, please fill out email & phone instead of PID/EID in the last column .
7. Submit this form with the corresponding reimbursement request.

Item	Value	Recipient Name (printed)	PID/EID/Email & Phone
Self Care Basket	\$44.09	Sophia Uhl	A17783427/suhl@ucsd.edu

If you need more space to fill out information, please use an additional copy of this form. Thank you.