SEP Reimbursement Form for SFUSD Teachers

1. Complete this form

Questions? Contact:
Sabine Jeske, 476-3756, sabine.jeske@ucsf.edu (STAT)
Jessica Allen, Jessica.allen@ucsf.edu (HealthTeach/MedTeach)
Lakisha Witzel, 476-0337, lakisha.witzel@ucsf.edu (Bio&ChemTeach)

Your Name: ________________________________________________________________

Your Email Address: ________________________________________________________

Your Mailing Address (for check):

________________________________________________________________________
Street Address

________________________________________________________________________
City, State (please include ZIP CODE)

SFUSD School (or program site): _____________________________________________

SEP Program (please ✓ one)

☐ STAT  ☐ MedTeach  ☐ BioChemTeach  ☐ HealthTeach

Lesson(s) for which materials were used: _______________________________________

________________________________________________________________________
Total amount of reimbursable expenses: $______________________________

2. Paper clip your original itemized receipts to this form (no staples or tape, please).

3. Mail or Deliver this form and your receipts to:

   US Mail - SEP/UCSF Box 0905, 100 Medical Center Way, SF 94143
   Deliver to - SEP, 100 Medical Center Way, Woods Building, Upper Floor

UCSF Science & Health Education Partnership
Revised 11/26/18