

# Neuroscience Graduate Program

## Reimbursement Request

Complete the following fields:

<b>1. Payee information:</b>	
<b>Name:</b>	_____
<b>Home Address:</b>	_____
	_____
<b>Date of Request:</b>	_____
<b>Requested Amount:</b>	_____
<b>Description (What):</b>	_____
<b>Business Purpose (Why):</b>	_____
<b>Travel (Where):</b>	_____
<b>Dates of event / travel:</b>	_____

**Reimbursement Allowance Type:**

**Travel**  
 **Other\*\***  
(Explain in Comment Section)

**Check Routing Options:**

**Pickup**  
 **Mailed**  
 **Electronic**

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dept. Authorized Signature:** \_\_\_\_\_

**In order to expedite your payment, please make sure you do the following:**

- \* Fill out Departmental Request Form
- \* Fill out Travel or Non Travel Expense Form including your signature. The department will sign as Supervisor. Please be sure to fill out your name clearly. Failure to provide this information will delay your payment.
- \* Attach all receipts to a 8 1/2 X 11 sheet of paper with tape. Please DO NOT staple receipts. Please DO NOT fold documents, they will be copied by our office as well as by Disbursement Control.

<b>For Internal Use Only</b>
<b>Date Submitted:</b> _____
<b>Total Amount:</b> _____
<b>eDoc#:</b> _____
<b>Account:</b> _____