



INTERNAL

Research Grant Request for Reimbursement

Grant Holder: Date:

Pay to (if NOT grant holder):

Name:

Address:

*Please be sure to complete a separate form for **EACH** travel claim with destination.
Please print this completed form and send to the Academic Dean with all applicable receipts. Credit and debit card receipts **MUST** be accompanied by the original cash register receipt in order to be reimbursed.*

Particulars (attach receipts behind this form):

<u>*Category</u>	<u>Date</u>	<u>Description</u>	<u>Amount (\$)</u>
Total			

***Eligible Categories: Travel - Supplies/Materials - Service - Equipment - Contracts**

For Office Use:

Account Number: _____ \$ _____

Rebate: _____

Rebate: _____

Total Payment \$ _____

Approved: _____ Date: _____

Academic Dean

_____ Date: _____

Manager of General Accounting