



REQUEST FOR PAYMENT/REINBURSEMENT

Date:

Name:

Mailing Address:

Name of Conference/ Course / Event Attended:

Location of Conference / Event Attended:

Title of Work Presented at Event:

Please include an abstract on a separate sheet.

Event Dates:

Itemized description of expenses

Expense Description	Amount (US Dollars)	Original Receipts Attached?
Travel		
Lodging		
Meals		
Other (pleas specify)		
Total		

PLEASE ATTACH ORIGINAL RECEIPTS, ORDERED BY DATE, AND TAPED ONTO AN 8.5 X 11 SHEET OF PAPER. WE WILL RETURN ALL LOOSE RECEIPTS TO THE SENDER.

Please explain any special circumstances encountered:

Signature

Approved by Dr. Luz Claudio

Date