

Faculty Research Grant Funds Reimbursement Form

Name of Faculty Member: _____

Faculty Grant ID Number: _____

Account #: 220-0034-0686-0000

Paid by Pcard:

Check Payable to: Faculty Member or Other (Enter Information Below)

Send Check to: Campus Address, Home Address or
 Other (Enter Information Below)

Name: _____

Street Address: _____

City, State, Zip: _____

I am seeking reimbursement for the following items or services from my approved grant funding. The listed purchases are not being reimbursed with other college funds or any outside entity. All receipts are attached for submission. I fully understand the entire reimbursement may be denied or delayed for processing if proper procedures have not been followed.

Vendor	Explanation (What did you pay for)	Amount
Total Reimbursement Requested		

Approval:

Associate Provost for Academic and Faculty Affairs Date

Assoc. Provost Use Only:
Available Balance: \$ _____