

**REQUEST FOR REIMBURSEMENT MININGER FUND**

Name of Faculty Member: **Pay to (if different):**

Faculty Identification Number:

**For Mininger Grants** provide the title of your Grant Project:

**For other all other submissions** provide the name of the program, event of project:

*If you charged expenses to a College Credit Card, you must wait to submit this form with the credit card allocation statement. Please highlight the relevant items on the credit card statement that need to be reimbursed to your department’s account*.

Itemized Expenses Amount Charged to College

Credit Card√

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Faculty Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number (to be filled out by Dean’s office)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach the original receipts.

*(Revised 03-20-18) Dean’s Office*