

Neurosciences Event Reimbursement Form

*Name:

*Employee ID #:

* Faculty Student Staff

*Email:

*Event Date:

Location:

Beer/Social Hour B&B Meal w/Dept. Speaker

*Event Type: Other

*Total amount to be reimbursed: \$

*How many receipts are being submitted:

*Was a sign-in sheet used? Yes, the sign-in sheet or itinerary is attached

Or an itinerary that lists all names? No - Enter the names of all attendees on a separate sheet.

*Signature / Certification of Requirements:

I certify that all expenses are in accordance with University Policy.

I understand that it is my responsibility to complete all policy requirements and submit all required documentation.

I understand that if all required documents are not combined into 1 PDF file and submitted via NeurReimbursement@case.edu the documents will be returned to me without processing.

I understand that if all required documents are not submitted the reimbursement will be on hold until the documents are received.

*Signature

*Date

Faculty /Staff - Reimbursement checks will be directly deposited.

Students - Reimbursement checks will be sent to the Cashier's office located in Yost Hall for pickup.