Neurosciences General Reimbursement Form

*Name: _____

*Employee ID #: _____   * ☐ Faculty ☐ Student ☐ Staff

*Email: _____

*Purchase Date(s): _____

Purpose, Description:

*Total amount to be reimbursed: $ _____

*How many receipts are being submitted: _____

*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.