

Neurosciences Travel Reimbursement Form

*Name:

*Employee ID #:

* Faculty Student Staff

*Email:

*Dates of Travel:

*Purpose of Trip:

*Total amount to be reimbursed: \$

*How many receipts are being submitted:

*Include the [Travel Reimbursement Worksheet](#) when submitting this form.

*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.