

DEPARTMENT OF PHARMACOLOGY

Reimbursement for

Please Select ▼

Your Name:

Your Email Address:

Your Phone Number:

Your Home Address:

Type of Request:

Reimbursements under \$25

Reimbursements over \$25

Reason for Reimbursement or Advance:

Grant or Speed Type*:

Amount Requested:

* These costs are directly related to the research project/program indicated by this grant/speed type. Meal or meeting costs that lack adequate documentation may be deemed as entertainment and therefore unallowable charges. To substantiate the allowed meeting costs, please document (a) who attended the meeting and (b) the purpose of the meeting.

Please submit original receipts to Towanna Meniffee upon submission of this form, for all non-travel reimbursements.