



Reimbursement Request

Training Program in Cellular & Molecular Biology

This form must be completed, and on file with the MCB Office in order to request a reimbursement. Submit **original** receipts to the Program Secretary, along with this form. Amount of reimbursement must be commensurate with the number of attendees at a function and the types of items for which reimbursement is being requested. MCB cannot reimburse you for extra supplies, beyond those needed for the event, or for items for your personal use.

Name: _____ Email: _____ Phone: _____

Date: _____

Reimbursement Request:

(Check One)

	Date of <u>Event</u>	Approx. # <u>Attending</u>	Estimated <u>Cost</u>	Actual <u>Cost</u>
<input type="checkbox"/> CMB Training Grant Retreat				
<input type="checkbox"/> Other Event				
<input type="checkbox"/> CMB Training Grant Meeting				

Date & Description:

Description of items for which reimbursement is to be requested:

Signature of requestor: _____ Date: _____

CMB Approval: _____ Date: _____

For MCB Office Use:

Budget#: _____

Petty Cash Voucher#: _____

Check#: _____