

Requestor Name: _____ UID: _____

Date of Submission: _____

PI: _____ Recharge # / FAU: _____

Phone: _____

E-Mail: _____

Mailing Address: _____

Note: This is the address the check will be mailed to.

Event Name: _____ Date of Event: _____

Purpose of Event: _____

List of Participants:

<i>Participant</i>	<i>Affiliation</i>	<i>Participant</i>	<i>Affiliation</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: If there are more than 10 participants, please provide a list on a separate sheet of paper.

Amount to Reimburse: _____

Requestor's Signature: _____ Date: _____

Authorized by Signature: _____ Date: _____

CBE Office Approval: _____

Please affix ORIGINAL receipts for all expenses, in date order, to an 8½" x 11" sheet(s) of paper, including credit card and/or bank receipts.