

* Required

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*Name:

*Employee ID #:

* Faculty Student Staff

*Email:

*Event Date:

Location:

Beer/Social Hour B&B Meal /Dept. Speaker

*Event Type:

Other BB

*Total amount to be reimbursed: \$

*How many receipts are being submitted:

*Was a sign-in sheet used?

Yes, the sign-in sheet or itinerary is attached

Or an itinerary that lists all names?

No - Enter the names of all attendees on a separate sheet.

*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 NeuroReimbursement@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

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