IB 133 Anatomy Enrichment Program
Department of Integrative Biology
3060 VLSB

For reimbursement of expenses incurred by an individual on behalf of a teaching-team as required for a project. Limit is $15 per team. Use cash only – no checks or debit/credit cards. Original receipts or invoices are required and must be attached to this form. Print clearly, fill in completely. Return completed form to Jill Marchant’s mailbox in room 3060 VLSB.

TEAM NUMBER:______TEAM CAPTAIN’S NAME:_______________________________

YOUR NAME:______________________________________________________________
(last) (first) (middle initial)

ADDRESS:_______________________________________________________________
(street) (city)

_______________________________________________________________
(state, zip code) (phone #)

EMAIL:______________________________________________________________

STUDENT ID#________________________

Total amount to be reimbursed:______________________________________________

Justification for reimbursement:______________________________________________

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Staff Use Only

Authorization signature_____________________________________________________

Account(s) to be charged___________________________________________________

Rev. 2/07