



Complete this form and *attach original receipts* for each expense item listed below.
Return to: **Sarah Schmidt, 7-105 Hasselmo Hall, 312 Church St SE, Minneapolis MN 55455.**
The reimbursement check will be mailed to the address you provide on this form.

Name _____

Street Address _____

City, State ZIP _____

Phone/Email _____ / _____

Description of Expenses (No alcohol allowed)	Amount
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	_____

Justification (Who, What, When, Where, Why/How - Must explain how the expenses directly relate to or benefit the research or educational mission of the department)

By signing below, I certify that I have incurred the above expenses and have not been reimbursed by any other source.

Signature _____ Date _____

FOR OFFICE USE ONLY		
_____	_____	_____
EFS Account	Date Received	Authorized