SREB-State Doctoral Scholars Program Research Academic Support Reimbursement Request Please provide an itemized list along with original receipts dated within the current academic year.				
Scholar name:				ORIGINAL RECEIPTS ARE REQUIRED! (Exception: photocopies of invoices for warranty item
cholar institutio <u>n:</u>			÷ •	
eceipt Date	Reimbursen	nent Amount Item De	scription (books, copie	es, binders, etc.)
TOTAL:	\$	 		
Email to: monique.waddell@sreb.org		<i>Office use only</i> SREBID: Amount reimburse Approval:	ed: \$	
Date submitted: Yo		Your signature:		

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