

# SREB-State Doctoral Scholars Program

## Academic Support Reimbursement Request

*This itemized form, along with original receipts dated within the current academic year, must be received in the SREB-State Doctoral Scholars Program office by the 15th of the month in order to process disbursement by the 28th of the month.*

Your name: \_\_\_\_\_

**ORIGINAL RECEIPTS  
ARE REQUIRED!**

*(Exception: photocopies of  
invoices for warranty item  
computer equipment accepted).*


Your institution: \_\_\_\_\_

Refer to the *SREB Doctoral Scholars Program Guidelines for Academic Support Reimbursement* for a list of items authorized for reimbursement.

**Receipt Date Reimbursement Amount Item Description (books, copies, binders, etc.)**


**TOTAL:**      \$ \_\_\_\_\_  
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**Mail to:**  
 SREB-State Doctoral Scholars Program  
 592 Tenth Street, N.W., Atlanta, GA 30318  
 Phone: (404) 879-5565  
 Email: doctoral.scholars@sreb.org



*Office use only*

SREBID: \_\_\_\_\_

Amount reimbursed: \$ \_\_\_\_\_

Approval: \_\_\_\_\_

Date submitted:	Your signature:	
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