SREB-State Doctoral Scholars Program
Research Academic Support Pre-Approval Request

This request form must be received and approved before purchase. Keep your email approval from staff as proof for reimbursement.

Scholar name: _____

Scholar institution: _____

Refer to the *SREB Doctoral Scholars Program Guidelines for Research Academic Support Reimbursement* for guidance. Please provide a detailed list of items requested and the purpose

Price	Item Name	Purpose

TOTAL: $ _____

Email to:
monique.waddell@sreb.org

Office use only

SREBID: _____
Amount approved: _____
Date approved: _____

Date submitted:	Scholar signature:	