



CEE Request for Reimbursement

Requested reimbursements will be reviewed and submitted within 2 business days AFTER approval from the faculty advisor (PI) has been provided. Mileage reimbursement should be from address 2350 Hayward St., Ann Arbor, MI 48109 and please include a Google map.

Instructions: Please complete all applicable fields. Please include a description of the item(s) purchased if the receipt is not clear. Please note that receipts must be itemized (with descriptions of items purchased) and must show the date of purchase, amount paid, and method of payment.

Recipient Information

Name _____ Guest Student
 Address _____ ShortCode(s) _____
 _____ Total amount claimed \$ _____
 Email _____ Did any meals include alcohol? Yes No
 Business Purpose: _____

Expense Type (please only complete applicable sections)

Hosting

Please attach a list of attendees with their affiliation (ex. alumni, student, emeritus, speaker, etc.)

Event Name: _____
 Event Date(s): _____

Travel

Destination: _____
 Start Date: _____ End Date: _____
 Are you requesting mileage reimbursement? Yes No
 Roundtrip? Yes No
 Start point (address): _____
 End Point (address): _____

Other

Please describe: _____

I have received funding from other sources to help support my travel request (Grant, Lump Sum, Advance, etc.). Source(s) _____

Amount _____

I have not received funding from other sources to help support my travel request.