

SFRA—Reimbursement Claim

Student PI Name: _____
Last First Middle

Faculty PI Name: _____
Last First Middle

Amount Awarded: _____ **Semester Funds Awarded:** _____

Today's Date: _____

Itemized Request

Copies of receipts must be attached for each item

Item Description/IRIS Doc #	Vendor Detail	G/L Code	Internal Order # (if applicable)	Account to be Credited	Amount to be Reimbursed
Total Amount of this Reimbursement Request					

Departmental Contact

In order to process the reimbursement, a contact is required that can answer accounting questions on behalf of the department.

Name: _____

Phone: _____ **Email:** _____

Grad School Use Only

Verified By/Date: _____

Entered By/Date: _____

IRIS Doc #s: _____

Balance of Award: _____