

## 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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>Total Amount of this Reimbursement Request</b>					_____

### 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:** \_\_\_\_\_