



Georgia Tech

Parker H. Petit Institute for Bioengineering and Bioscience

REQUEST FOR REIMBURSEMENT

DATE _____

NAME _____

Employee Number _____

HOME ADDRESS _____

City/State _____

Zip _____

PHONE NUMBER _____

EMAIL ADDRESS _____

I request reimbursement for the following business expense(s):

Amount(s):

Funds:

Occasion(s)/Item(s) Purchased:

Individual(s) Attending at Georgia Tech (groups of 15 or fewer must include attendee list):

Employee Signature

"I certify that this purchase was made using personal funds and supports Institute business. I have not received, nor will I seek reimbursement from any other source for any portion of the expense claimed."

PROFESSOR/ADVISORY RESPONSIBLE: _____

(Signature)

Submit form with original receipts to IBB Finance Staff (email Crystal.Melvin@Ibb.gatech.edu), 315 Ferst Drive, NW, Atlanta, GA 30332-0363