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**REQUEST FOR REIMBURSEMENT OF GRANT EXPENSES**

Please complete this form and send a signed copy, along with original itemized receipts, to the CATL Office

either by mail to CB 2610 OR by email to CATL@elon.edu

|  |
| --- |
| Name       |
| Department      | Campus Box      | Phone       | Email       |
| Employee ID number (located on each month's earning statement in OnTrack)        |
| Date Grant was Received  | If Conference Reimbursement, list conference name and date. |
|  |
| Type of Grant Expenses: (please check one)□ CATL Scholar □ Diversity and Inclusion Grant (DIG) □ Teaching and Learning Grant□ Mini Grant □ Conference Reimbursement Expenses Grant □ Winter Term Enhancement Grant  |
|  |
| Expenses to be Reimbursed by CATL *Please fill in amount & attach receipts* | Explanation  |
| Supplies | $       |       |
| Books | $       |        |
| Meals | $       |       |
| Travel | $       |       |
| Other | $       |       |
| Mileage @$.67/milePlease include map | $       |       |
| TOTAL | $       |       |
|  |
| Your Signature | Date |
|  |
| Director, Center for Advancement of Teaching and Learning (CATL) | Date |
|  |

For CATL Office Use Only

CATL Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sent to Accounting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recorded in Spreadsheet(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Sent to Requestor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submitted to CATL Records \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_