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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](mailto: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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_