



## Writing Group Reimbursement Request

Date:

Name:

Department:

Campus Box:

Phone:

Email:

Members of Writing Group:

Academic Year Awarded:

Please list each expense and the amount of funding requested below.

Expense Date	Expense Amount	Amount Requested for Reimbursement	Expense Type (books, food, other)	Purchased with Personal Funds or on University P-Card
<b>TOTAL</b>				

If purchased via University P-Card, please provide departmental account for funds to be transferred to.

Name of P-Card Holder:

Account Number for Credit:

Please send completed form and original receipts to CWE Program Assistant, Rachel Branson at CB 2550.  
Reimbursements are processed on the first of each month.