



Participant Reimbursement

Please print or type the following information:

Name:	Name & Dates of Workshop:
Address:	
City, State, Zip:	
Social Security #	

Account Number (use Speed type or Account Distribution below): for GSU use only

Fund	Organization	Program	Subclass	Budget Year	Project	Amount	Speed type
20	110800000	1110	61000	2007			H3213

Estimated Expenses:

Line	CATEGORY	FOOD/	Amount
1	Day 1		
2	Day 2		
3	Day 3		
4	Day 4		
5	Day 5		
6	Other		
7			
TOTAL:			

Comments:

Participants MUST sign below!

Participant Signature:		Date:
Participant Email		Phone:
CWCS Approval:		Date:

This authorization does not imply automatic approval of individual items of expense. Actual expenses will be reimbursed in accordance with GSU regulations. Please include your original receipts. All forms & receipts should be submitted within 30 days of workshop completion.

Thank You.

<p>Please mail this form & your original receipts to: Karen Brown, Georgia State University, Dept. of Chemistry, PO Box 4098, Atlanta, GA 30302-4098</p> <p>Questions? Call 404-413-5546 or Email: kbrown45@gsu.edu</p>
