

**Graduate Student Poster Grant**

**REIMBURSMENT**

*\*Completed form and accompanying receipts should be submitted to the*

*Graduate & Extended Learning office (205 Morris)*

|  |  |
| --- | --- |
| *Grant recipient information* |  |
| Student Name |  |  | Student ID# |  |  |
| Local Mailing Address |  |  |
| Cell # |  |  | Email |  |  |
| Graduate Program |  |  |
| Residency (check one): |  |
|  |  |
|  |  | US resident |  |
|  |  |
|  |  | Legal resident of  |  | with VISA status of  |  |  |
| Graduate or Teaching Assistant (check one): |  |
|  |  |
|  |  | No |  |
|  |  |
|  |  | Yes  | if Yes, include Employee ID# |  |  |
|  |
| *Poster printing information* |  |
|  |
| Printing service/company used |  |  |
|  |
|  | * Receipt date (reimbursement form must be submitted within 15 days of receipt date)
 |  |  |
|  | * Amount requested (up to $50)
 |  |  |
|  |
| *Certifications* |  |
|  |  |
| I attest that this account of poster printing expenses is accurate and conforms with all applicable university and state regulations. The expenses are actual, reasonable, and were personally incurred by me for the purpose of printing my poster. No portion of this claim was provided free of charge, previously reimbursed from any other source, or will be paid from any other source in the future. I authorize Graduate Studies to request reimbursement via the UW System e-Reimbursement process on my behalf. |  |
| Student Signature |  | Date |  |  |
|  |  |  |  |  |