

Foundation Reimbursement Form  
HTM student use only

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Print People Soft Number \_\_\_\_\_

Reimbursement:

Theme Dinner Expense

CMAA Travel

PCMA Travel

NSMH Travel

Theme Dinner Meal Preparation Expense

Class Travel (Print Course Number) \_\_\_\_\_

Other (please explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

Student Signature \_\_\_\_\_

Advisor/Instructor Signature \_\_\_\_\_

Program Chair Signature \_\_\_\_\_

**Address to where we will mail payment:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Amount Approved \$ \_\_\_\_\_ and to be paid from \_\_\_\_\_

\*\*\* to be completed by program chair \*\*\*

You **MUST** attach (with paper clip) original receipts. Highlight items or total amount requested on the receipts. No alcohol may be found on any receipt submitted. Any receipt older than 20 days is not eligible for reimbursement.