

**REQUEST FOR REIMBURSEMENT**

**Parker H. Petit Institute for Bioengineering and Bioscience  
315 Ferst Drive  
Atlanta, GA 30332**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**NAME** **Employee Number**

\_\_\_\_\_  
**HOME ADDRESS** **City/State** **Zip**

\_\_\_\_\_  
**PHONE NUMBER** **EMAIL ADDRESS**

*I request reimbursement for the following business expense(s):*

**Amount(s):** **Funds(s):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Occasion(s)/Items(s):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Individuals(s) Attending/Use(s) at Georgia Tech:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Employee Signature**

"I certify that this purchase was made using personal funds and supports Institute business. I have not received nor will I seek reimbursement from any other source for any portion of the expense claimed."

**PROFESSOR/ADVISORY RESPONSIBLE:** \_\_\_\_\_  
**(Signature)**