

## Enosinian Scholars Reimbursement Form

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Local Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 SSN \_\_\_\_\_ Contact \_\_\_\_\_

If for travel, please fill out following and submit to Enosinian Advisor in advance of travel.

Destination \_\_\_\_\_

Purpose \_\_\_\_\_

Estimated Cost \_\_\_\_\_

Advisor's Approval \_\_\_\_\_

Date \_\_\_\_\_

Enosinian Approval \_\_\_\_\_

Date \_\_\_\_\_

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### Expenses

Date	Description	Amount
		Total

Please affix original receipts in orderly manner (Accounting is picky about this).

Name \_\_\_\_\_ Date \_\_\_\_\_

Approval \_\_\_\_\_ Date \_\_\_\_\_