

Student Reimbursement Request

Biology & Neuroscience

Adviser approval signature

NAME: _____

Email: _____

Home Address: _____

Request Date: _____

Midd ID #: _____

MC Box #: _____

Please check correct boxes below: Country or Not/Applicable:

Citizenship: US/RA Other

Relationship: Midd student Other (Fellow, etc.)

Fill in the date, then the purchase amount OR miles driven for that date or date range. At the bottom, total the purchases and/or miles driven. If you need more lines, insert rows **above** the last line.

Supplies		Mileage	Description/Address
Date(s)	Amount	Round-trip miles	Supply description and/or Mileage site address

TOTALS: \$ _____ Total miles _____ \$ _____ (= miles X mileage rate)

0.665 Rate for 2024 (Biology & Neuroscience Funding)
0.40 Senior Research Project Supplement Summer '23

TOTAL REIMBURSEMENT: _____
(supplies & mileage) \$ _____

- Funding Source(s) to charge:**
- SRPS & Summer URO
 - Biology Department Funding
 - Adviser Grant Funding

Other Funding:

Entity	Department	Object	Restr.	Designation	Activity

Have your adviser sign, and submit (with original receipts for any purchases) to
Carrie Donohue, MBH 120, cdonohue@middlebury.edu