

# Student Reimbursement Request

Biology & Neuroscience

*Adviser approval signature*

NAME: \_\_\_\_\_

Request Date: \_\_\_\_\_

Email: \_\_\_\_\_

Midd ID #: \_\_\_\_\_

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

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:    \$ \_\_\_\_\_    \$ \_\_\_\_\_    (= miles X mileage rate)

Total miles

0.665 Rate for 2024 (Biology & Neuroscience Funding)  
 0.40 Senior Research Project Supplement Summer '24

**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