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

0.70 Rate for 2025(Biology & Neuroscience Funding)

0.41 Senior Research Project Supplement Summer '25

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 143 cdonohue@middlebury.edu

70/07/25