

For Office Use Only

Staff Initials: _____ Completed Date: _____

SGPP FACULTY & STAFF REIMBURSEMENT REQUEST

Please place this cover sheet and all required supporting documents in a sealed envelope so items do not get lost/separated.

NAME _____ **Employee ID#** _____

CONFERENCE/WORKSHOP REGISTRATION FEES/ **ANNUAL MEMBERSHIP DUES**

CONFERENCE/WORKSHOP REGISTRATION FEES

Date(s) of Conference/Workshop _____

Name of Conference/Workshop _____

Location/Address of Conference _____

Website hyperlink for Business purpose (Conference/ Workshop/ Speaking Invitation)

Business Purpose for Expense (Conference/ Workshop/ Speaking Invitation)

Account to process payment from (if known) _____

Supporting Documents Required

- *Conference Registration fees receipt/invoice - last four digits of credit card need to be noted*

ANNUAL MEMBERSHIP DUES

Name of Association or Membership _____

Business Purpose for Membership _____

Account to process payment from (if known) _____

Supporting Documents Required

- *Annual Association dues receipt/invoice - last four digits of credit card need to be noted*

Notes for Reimbursement Processer

