

Psychology/Neuroscience Department
Reimbursement Form for Comp-Related Expenses

Date of request: _____ Sr. Project First Reader: _____

Student name: _____ ID #: _____ Campus Box #: _____

Department of Comp Project:

Psychology Neuroscience Both Other _____

Item(s)	Date of purchase	Cost
Total reimbursement requested:		\$
<i>Reason for purchase(s):</i>		
Original receipts for each expense are required for reimbursement and must be paper clipped to this form.		

If gift cards were purchased, this section <i>must</i> be completed.				
	SONA ID <i>(if applicable)</i>	Box # of winner	Name of Student	Student ID #
Winner #1				
Winner #2				
Winner #3				

Sign: _____
Student

Sign: _____
Comp Advisor

Department Approval (Chair's Signature): _____
Lydia Eckstein, Psych Dept. Chair Date

Psych Supplies Inst. Lab Account #: _____