SERMON

Statement of Expenses

Please Note: Funding is limited. We ask that you use your own grant funds if available. We hope to accommodate each student for expenses up to \$200. The remaining funds will then be used to help offset the costs of others.

Name:	
Address:	
Phone #: So	ocial Security Number:
Fax #: Er	nail address:
CHECK:	
Faculty without external funding: Faculty with external funding: Grad Student: Undergrad:	
As a participant of SERMON , following expenses:	I incurred and claim for reimbursement of the
Description	Amount
Lodging (Original Receipt)	
Air Travel for invited speaker	
Rail/Bus	
Auto mileage:miles @ \$0.525	5/mile
To	OTAL
Signature of Participant:	Date:
U. S. Citizen? Yes: No:	

Return form and receipts to address:

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