HARVARD COLLEGE

PRISE

PROGRAM FOR RESEARCH IN SCIENCE AND ENGINEERING

PRISE EXPENSE REIMBURSEMENT FORM Please print or type neatly in the spaces below.

Name (LAST NAME IN CAPS, First name, M.I.):	HUID:
Local Address:	Home Address:
PRISE Status: ☐ Proctor ☐ PA ☐ Fellow	Telephone:
Date of Activity:	Fed ID Form Submitted?: ☐ Yes (If No, please attach.)

Type of Expense:

☐ Study break ☐ Fellow-initiated Social ☐ Fellow-initiated Science ☐ Administrative ☐ Special Project

Describe the event and the items purchased here:

Total amount for reimbursement:	Send check: ☐ Local address ☐ Home address

SIGNATURE REQUIRED. PLEASE ATTACH RECEIPTS TO BACK OF THIS FORM.
PLEASE RETURN HIS FORM TO CAROL SUH, ADMINISTRATIVE FELLOW OF PRISE.
ALL PRISE REIMBURSEMENT REQUESTS MUST BE SUBMITTED WITHIN 60 DAYS OF PURCHASE DATE..

I affirm that the foregoing statements and attached materials are true and accurate to the best of my understanding.

Signature:	Date: