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DIVERSITY INFUSION REIMBURSEMENT

Attach original receipts and send to CATL Office @ CB 2610

|  |
| --- |
| Name       |
| Department      | Campus Box      | Phone       | Email       |
| DIP Team:       |
|  |
|  |
| Expenses to be Reimbursed by CATL*Please fill in amount & attach receipts*  AMOUNT |  EXPLANATION |
|  | $       |       |
|  | $       |        |
|  | $       |       |
|  | $       |       |
|  | $       |       |
|  | $       |       |
|  | $       |       |
| TOTAL | $       |       |
|  |
| Your Signature | Date |
|  |
| Director, Center for Advancement of Teaching and Learning (CATL) | Date |
|  |

For CATL Office Use Only

CATL Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sent to Accounting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recorded in Spreadsheet(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_