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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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_