



### Request for Reimbursement

Please attach receipts and submit with this form to the e-mail address below.

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*Maximum Reimbursement is \$500 unless other wise approved by the OC or Panel Organizer.*

Airfare: \_\_\_\_\_

Ground Transportation: \_\_\_\_\_

Hotel: \_\_\_\_\_

Total Amount Requested: \_\_\_\_\_

*NOTES:*

\_\_\_\_\_  
*Signature* *Date*

**Please return receipts and this completed form to:**

[rdelrio@med.uvm.edu](mailto:rdelrio@med.uvm.edu)  
Roxana del Rio-Guerra, Treasurer NERLSCD-MAD SSCi  
Manager of the Flow Cytometry and Cell Sorting Facility  
University of Vermont/College of Medicine  
T: (802) 656-8742