

EK 100 Reimbursement Request

Individual to be reimbursed _____

Boston University ID #: _____ - _____ - _____ Today's Date _____

Date of Event _____ Number in attendance _____

Type of Event: Dinner Museum Site Seeing Social Other

Location of Event _____

Please attach receipt (include as many forms of proof of payment as possible since these are submitted through the Travel Expense office and they are very strict regarding what is and is not an acceptable receipt).

Reimbursement is available for up to \$20.00 per person in attendance. Only eligible EK 100 participants (freshmen, faculty or SAs) may be included. Reimbursement for alcoholic beverages is not available.

Please submit to Ruthie Jean in 44 Cummington Room 107.

Signature _____ Date _____

