

# KELLY-DOUGLAS FUND

## REQUEST FOR REIMBURSEMENT

Please complete this form and submit with appropriate receipts, etc. to Kevin McLellan, Kelly-Douglas Fund Administrator, 14N-405.

Awardee Name: \_\_\_\_\_

MIT ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Kelly-Douglas Fund Award:     Research Grant                       Teaching Grant

Traveling Fellowship

Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Original itemized receipts must be received for all expenses to be reimbursed.
2. Please tape original receipts to an 8 ½ by 11 paper, separated out by date.
3. Please list expenses for which you are requesting reimbursement as follows:

Description of Expense		Date	Amount
Air Travel Receipts and Boarding Passes Required	From/To		
Other Transportation			
Meal(s)	Breakfast / Lunch / Dinner		
Other			
Other			
Other			