



## Reimbursement Request - 2025

**Name:**

**Request Date:**

**Program:**

**Telephone:**

If submitting by US Mail, print and send form and receipts to:

Dr. Mark Heitz  
The College at Brockport  
Department of Chemistry  
223 Smith Hall  
350 New Campus Drive  
Brockport, NY 14420

## Expenditure Information

**Mailing Address (include name if other than self):**      **Comments/Explanations:**

Please be sure to submit copies of receipts, either by US Mail or attaching a scanned image(s) when you email the form. If you are not the project leader, please forward this form to the project leader for their authorization.

**Authorized by  
Project Leader**

**Authorized by  
Treasurer**

**Treasurer Use Only**

Check No.	Amount Pd.	Date Sent
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