

Osher Lifelong Learning Institute at The University of Georgia
850 College Station Road
Athens, Georgia 30605
(706) 542-7715

REQUEST for REIMBURSEMENT or ADVANCE (Circle one)

Request made by _____ Date _____

Address _____ Phone _____

Please list each expense for which you are requesting reimbursement or advance, the amount for each and attach receipts.

<u>ITEM or PURPOSE</u>	<u>AMOUNT</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
	Total \$ _____

Requester signature _____

Approval Committee Chair (other authorizing party) _____

Approval President (for Cash Advance) _____

Remarks: