

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: