

NCGIA

NATIONAL CENTER FOR GEOGRAPHIC INFORMATION AND ANALYSIS
STATE UNIVERSITY OF NEW YORK AT BUFFALO

301 Wilkeson Quad
Buffalo, NY 14261-0055 USA

PHONE: (716) 645-2545
FAX: (716) 645-5957

IGERT REIMBURSEMENT REQUEST

Name: _____
(IGERT Fellow Name)

Date: _____

***Reimbursement is requested for the items listed below.
Please attach original receipts and sign "Payee Certification" below.***

Note: If requesting reimbursement for items NOT explicitly required by a course, provide a written explanation. Please state how the item relates to your coursework AND have your advisor sign this form.

COURSE NO.	ITEMIZED PURCHASES	AMOUNT

Total: \$ _____

Payee Certification: I certify that the above is just, true and correct; that no part has been paid except as stated and a transaction will not be requested from another funding source.

Payee Signature

Explanation for items NOT explicitly required for a course.
Attach additional documentation if necessary.

Signature of IGERT Advisor

Date