## **Request for Reimbursement Form**

## University of Nebraska-Lincoln Food Science Club

•	eted by member and submitted to the Vice President 4 weeks before traveling or 4 weeks before uation, whichever is first.
Name:	Phone: () Date:
Address:	
City:	State: Zip:
Purpose of trav	vel (ex: attend IFT AM & FE 2011):
that all receipts	nat the Treasurer and/or President have the final decision in allocation of funds. I also understand is must be turned in within two weeks after my return. Failure to do so will disqualify me from a from the Food Science Club without prior written arrangements with the CLUB Board of Directors deadline.
Date:	Signature:
·	ed by CLUB Vice President, photocopied for club records, and the original returned to Club member by or via mail 2 weeks before semester graduation or 2 weeks before the event, whichever is first.
Total Club Fund	ds Allocated: \$ # Members attending:
Sum of points e	earned by participants:Value of 1 point: \$
Points earned b	DY
Maximum fund	ls is eligible to receive: \$
Signature of Co	mpleting Officer:Date:
Section III To be complete	ed by Club member and returned to Sr. Adviser in order to be reimbursed.
1) Attach recei	pts for travel costs.
2) Total Funds	Requested: \$
	ot exceed maximum funds member is eligible to receive (see above) ot exceed total of attached receipts
Mail to:	Food Science Club Attn: Dr. Andreia Bianchini, Club Adviser

Lincoln, NE 68588-6205 U.S.A.