

**RICHTER SCHOLAR PROGRAM  
REQUEST FOR REIMBURSEMENT OF EXPENSES**

Name of grant recipient: \_\_\_\_\_

Amount of expenses approved in the grant: \_\_\_\_\_

Expenses previously reimbursed: \_\_\_\_\_

Grant expenses to be reimbursed at this time:

Item	Amount	Whom to pay?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Where to send the check?  
\_\_\_\_\_  
\_\_\_\_\_

(Attach documentation and submit to Psychology Dept., Box 6127, attention: Carol Jaquith)