



Doctoral Student Professional Development Expense Reimbursement Form

Note: Professional development funds can only be used professional membership, research expenses and travel (attach this form to Concur) related to professional development. Original payment receipts and proof of payments should be submitted along with this reimbursement request.

Doctoral Student Name: _____ Student ID: _____

Academic Year: _____ Year in Program: _____

Request #:	Date :
Purpose & Benefit of Current Request:	
Awarded Amount (A)	
Current Requested Amount (B)	
Prior Request # 1	
Prior Request # 2	
Prior Request # 3	
Prior Request # 4	
Prior Request # 5	
Prior Request # 6	
Prior Request # 7	
Prior Request # 8	
Prior Request # 9	
Prior Request # 10	
Prior Request # 11	
Prior Request # 12	
Prior Request # 13	
Prior Request # 14	
Total of Prior Requests (C)	
Balance Available (A -(B + C))	

By affixing the signature, I certify that the requested reimbursement is not paid directly or reimbursed by another party.

Student Signature : _____

Approved for Payment : _____

The approval signature is the Associate Dean of Graduate programs or delegate. Any questions regarding the form or use of funds should be directed to C.N Hilton College Graduate Programs Office