



## Reimbursement Form

Meeting Dates: \_\_\_\_\_

Location: \_\_\_\_\_

Course/Session Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

### *Participant Stipend:*

Number of Days: \_\_\_\_\_ X \$75.00/day = Total \$ \_\_\_\_\_

### Pay to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*(To be reimbursed, Dickinson State University must have a W-9 form on file. If you have not completed one in the past, please do so and submit it along with your reimbursement form.)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Person verifying performance of duties:

Signature: \_\_\_\_\_ Title: \_\_\_\_\_