



Weisman Award Reimbursement

Award Recipient:

Name: _____

Address: _____

Social Security Number: _____

Pay Period:

Amount Requested:

Amount Awarded:

Original Receipts must be attached.

I, the undersigned, verify that the funds requested have been spent on my Weisman Award.

Name (Weisman Recipient) Date

I, the undersigned, verify that to the best of my knowledge, the funds here requested are properly accounted for.

Name (Weisman Advisor) Date

Funding request submitted to Accounting on: