COUNCIL ON UNDERGRADUATE RESEARCH
Expense Form and Check/Reimbursement Request

Event: ______________________________________  Date: ____________________________________

<table>
<thead>
<tr>
<th>Expense Description</th>
<th>Receipt</th>
<th>Receipt</th>
<th>Requested</th>
<th>(CUR Office Use)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amount</td>
<td>Attached</td>
<td>Approved</td>
<td></td>
</tr>
<tr>
<td></td>
<td>yes/no</td>
<td>yes/no</td>
<td>amount</td>
<td>Center</td>
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</tbody>
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Should you need more room, please attach an additional sheet.

Total Amount Requested: ____________________  Total Amount Approved: ____________________

If you are not requesting full reimbursement because of an alternate funding source, please indicate the source and cost-sharing rate: ________________________________________________________________________

Name: (please print) ________________________________________________________________________

Signature and date: ________________________________________________________________________

Preferred Mailing Address: __________________________________________________________________

________________________________________________________________

________________________________________________________________

Expense reports must be received by the National Office within 30 days of travel, with receipts attached. Mileage rate = .56/mile. For meal receipts, please include an itemized list and payment receipt. Please return to: CUR, 734 15th Street NW, Ste 550, Washington, DC 20005, fax: 202-783-4811, ABelton@cur.org