



Jefferson Science Associates, LLC

Thomas Jefferson National Accelerator Facility

JSA Initiatives Fund Expense Reimbursement / Check Request

Request for PV DIS Workshop, U of Wisconsin, Madison, June 3-5, 2009

Request date _____

Requestor _____

Check made to _____

Mailing Address _____

Phone/E-Mail _____

Expenditures (attach backup documentation)

Cost

Registration, Fees	_____
Stipends, Honoraria	_____
Prizes, Awards	_____
Facilities (room rental, AV, etc.)	_____
Transportation	_____
Lodging / Accommodations	_____
Food, Beverages, Catering	_____
Supplies, Incidentals	_____
Other _____	_____
Other _____	_____

Subtotal \$0.00

Deduct total amount reimbursed from other sources _____

Total reimbursement \$0.00

I certify that these expenditures were made for a legitimate business purpose as required under the funded proposal.

Signature of Requestor _____ Date _____

If this Initiative Fund support requires the matching contribution from another source, I certify that this condition has been met. Further, I certify that these expenditures were duly authorized and are properly supported by documentation and I approve this claim for payment.

Signature of PI _____ Date _____

Office of SURA Chief of Strategic Services - Internal Use

Authorized Signature _____ Date _____

Comments: JSA INITIATIVES FUND 100-80-52