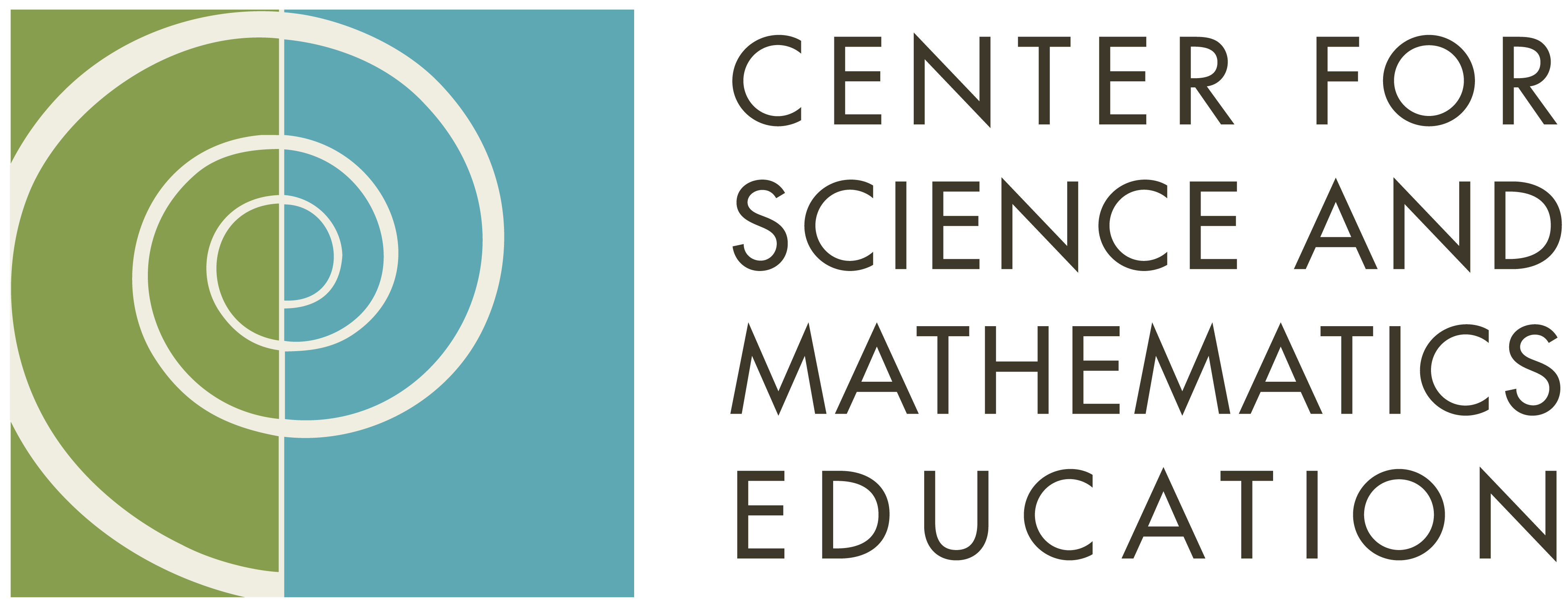
**CSME Travel and Services Reimbursement Application**



**Teacher Fellowship Program**

**FA 2015/SP 2016**

As a Teacher Fellow or Member you are entitled to apply for extramural funding to support your development as a future teacher. This funding can be for test registrations, professional development workshops or travel to conferences. Please submit a completed application for each request.

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| **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_  Last First MI  **SFSU ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Preferred Phone**: ( ) \_\_\_\_\_\_\_\_\_\_\_\_  **Email**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Major**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Mailing Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Cumulative GPA**: \_\_\_\_\_\_\_\_\_\_\_\_\_ **Amount requested**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Reason for request (please check all that apply):**  Conference Registration \_\_\_\_\_ Travel \_\_\_\_\_ Workshop \_\_\_\_\_ CBEST \_\_\_\_\_  CSET \_\_\_\_\_ topic \_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **If not requesting reimbursement for 100% of your expenditure, indicate**:  What percentage of your costs this reimbursement will cover: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What other funding sources you will use in order to cover the cost of this service or travel?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please describe the reason you are requesting funding and how this service or travel will enrich your experience as a future math or science teacher.

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**SFSU REIMBURSEMENT POLICY:**

MUST PROVIDE **ORIGINAL RECEIPT** PLUS ONE OF THE FOLLOWING:

* **IF YOU PAID BY CREDIT CARD YOU MUST PROVIDE A COPY OF YOUR CREDIT CARD (BLACK OUT BUT THE LAST FOUR NUMBERS) AND THE CREDIT CARD STATEMENT SHOWING THAT PURCHASE. IT CAN BE AN ONLINE STATEMENT.**
* **IF YOU PAID BY CHECK YOU MUST HAVE AN XEROX COPY OF FRONT AND BACK OF CHECK.**
* **IF YOU PAID BY CASH, YOUR RECEIPT MUST HAVE THE COMPANY NAME ON IT. IT MUST STATE THAT THEY RECEIVED CASH FROM YOU (YOUR NAME).**

**WARNING: Receipts CANNOT be DATED older than 60 DAYS in order for us to process the reimbursement!**

***Turn in completed form and any necessary paper work to Jamie Chan in SCIENCE BLDG. Room 211. You will be notified of award through e-mail. Allow 5-10 business days for your application to be reviewed. If you are awarded please allow approximately 2-3 weeks for payment to process.***

**Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**