

## Dissertation Reimbursement Form

This form may be submitted only after your dissertation has been defended and completed.

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

Program: Clinical Organizational School \_\_\_\_\_ (please circle one)

Dissertation Title \_\_\_\_\_

Dissertation Defense Date \_\_\_\_\_

### Expenses

(Examples include: copying and related supplies (paper, printer cartridges, etc.), survey costs (fees associated with online survey websites), mailing costs, mileage costs associated with gathering data (currently the university reimburses at .31 per mile). (rev 3/11)

Date	Description	Amount
	<b>TOTAL</b>	