

Development Grant Program

Reimbursement/Payment of Professional Development Activities *(Form is fillable with most browsers)*

Name: _____ Phone: _____ Today's Date: _____

Department: _____ Grant Code: _____ Grant Amount: \$ _____

Date of Activity	Dept. Account # for Funds Transfer *	Dept Account Name	Brief Description of Activity	Amount of Transfer Request
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
TOTAL:				\$

*** We cannot transfer funds into a "10" Account**

Please submit copies of receipts (including receipts for meals if listed on this form) with all reimbursement requests. Copies are acceptable Please return to lannen@wtamu.edu

By submitting this request, I certify that the information above is accurate and that all purchases adhere to the requirements set forth by WTAMU Foundation and the WTAMU Foundation Development Grant program.

Questions: Call (806) 651-2070