

APPENDIX 2

**School of Physical Therapy
Expense Claim Form for PTH 992 Project Expenditures**

Name of the individual requesting reimbursement: _____

Address of the individual requesting reimbursement: _____

PTH Group Number: _____

Describe the item you are requesting reimbursement for below and indicate the amount of reimbursement.

Original itemized receipts must be attached to this claim.

If you are submitting expenses related to a meal or refreshments, **ON A SEPARATE SHEET**, describe the purpose of the meeting, the names of the individuals at the meeting, excluding research subjects, and the date of the meeting.

Description of Expenditures	\$ Amount
Total Claim	

Date: _____

Signature: _____

Submit this form to the Executive Assistant along with your receipts.