Date of request: ____________________________

Student name: __________________________________________________________________________

Student ID #: ____________________________  Campus Box #: ________________________________

Senior project first reader: __________________________________________________________________

Department of Comp Project

☐ Psychology  ☐ Neuroscience  ☐ Both  ☐ Other ____________________________

<table>
<thead>
<tr>
<th>Item</th>
<th>Date of expenditure</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total reimbursement requested: ____________________________ $ ____________________________

Are receipts for each expense included with this form?  _____ yes _____ no

(Please note that receipts are required for reimbursement, and must be paper clipped to form. Please do not staple!)

Sign: ___________________________________________  Sign: ___________________________________________

Student  Comp Advisor

Please do not write below this line. For accounting use only.

Date of Approval ____________________________  Account # ____________________________

Department Approval ____________________________