

ORISE RESEARCH PARTICIPATION AT THE CDC

REQUEST FOR PAYMENT

Please complete this form for reimbursement of registration fees, tuition, books, or other miscellaneous costs that **DO NOT** include ORISE reimbursement of travel expenses. Original receipts and appropriate documentation are necessary in order for payment to be made. Travel expenses **CANNOT** be reimbursed by using this form and are only authorized by completing a Travel Authorization/Reservation Form. **(NOTE: Payment will not be made without the appropriate approval signatures below.)**

PARTICIPANT NAME: _____

PURPOSE: _____

REGISTRATION FORM ATTACHED: _____ *(Please fill in registration form)*

ORIGINAL RECEIPT MUST BE ATTACHED: _____

Please provide name and address for payment to be sent and date needed.

MAIL CHECK TO: _____
(Please print)

AMOUNT OF CHECK: _____ DATE NEEDED: _____

APPROVED: _____
Mentor's Signature/Date

APPROVED: _____
Program Coordinator's Signature/Date

ORISE OFFICE USE ONLY

APPROVED: _____

PROJECT/TASK #: _____ EXPENDITURE TYPE: _____

Mail form along with original receipts to: ORISE, CDC Programs, MS 36, P.O. Box 117, Oak Ridge, TN 37831-0117.