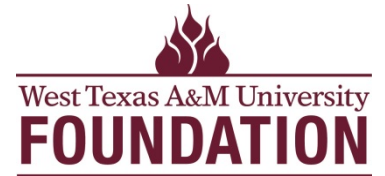


# West Texas A&M University Foundation

## 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 |
|------------------|--------------------------------------|-------------------|-------------------------------|----------------------------|
|                  |                                      |                   |                               | \$                         |
|                  |                                      |                   |                               | \$                         |
|                  |                                      |                   |                               | \$                         |
|                  |                                      |                   |                               | \$                         |
|                  |                                      |                   |                               | \$                         |
|                  |                                      |                   |                               | \$                         |
|                  |                                      |                   |                               | \$                         |
|                  |                                      |                   |                               | \$                         |
|                  |                                      |                   |                               | \$                         |
|                  |                                      |                   |                               | \$                         |
|                  |                                      |                   |                               | \$                         |
|                  |                                      |                   |                               | \$                         |
|                  |                                      |                   |                               | \$                         |
|                  |                                      |                   |                               | \$                         |
|                  |                                      |                   |                               | \$                         |
|                  |                                      |                   |                               | \$                         |
| <b>TOTAL:</b>    |                                      |                   |                               | \$                         |

**\* 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 Leon Carey at [lcarey@wtamu.edu](mailto:lcarey@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 Leon Carey at (806) 651-2322 or email [lcarey@wtamu.edu](mailto:lcarey@wtamu.edu)