

THE UNIVERSITY OF RHODE ISLAND	Graduate Student Association Memorial Union Kingston, RI 02881	GSA BINDING FEE REQUEST						
Degree:		Name:		Student ID:				
Department:								
OUT-OF-POCKET EXPENSES								
Graduation Date:								
Master's Thesis								
Doctoral Dissertation								
Total EXPENSES (A)								
EXPENSES PAID BY OTHER FUNDING SOURCES (Will not be reimbursed by GSA)								
TOTAL PAID FUNDING (B)								

CHECKLIST:

Original Receipts are attached for all expenses REQUIRED

Original Receipts are not attached because:

Other: _____

Lost: _____

Report is signed by Advisor or Department Chair

I certify that the above expenses are correct and have not been paid by another source. I further understand that these expenses are subject to audit by URI GSA.

Signature _____

Signature _____

Advisor or Department Chair

TOTAL EXPENSES (A)

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LESS:

--

EXPENSES ALREADY PAID (B)

--

SUBTOTAL

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MAXIMUM AMOUNT ALLOWED BY GSA

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AMOUNT OWED SUBMITTER

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NOTE: REFER TO GSA GUIDELINES. EXPENSE REPORTS SUBMITTED MORE THAN 4 MONTHS AFTER TRAVEL WILL NOT BE REIMBURSED. (v1.0 28Mar09)

MAKE CHECK PAYABLE TO:	FOR URI GSA OFFICE USE ONLY	
Name:	Check #	Amount
Address:		
Phone:		
Email:		