

PRO BONO PROJECT

The Joseph W. Little Pro Bono Support Fund

Reimbursement Form

Student's Name: _____ Graduation Mo/Yr: _____

Student's Phone Number: _____ Email: _____

Student's Mailing Address: _____

Agency Name: _____

I am seeking reimbursement for:

Travel – mileage: _____
(outside of Alachua County only)

Incidentals: _____
(ie copies, postage, etc.)

Other – explain:

I hereby verify that _____ had the above detailed out-of-pocket expenses in conjunction with his or her qualifying pro bono work at this agency.

Supervisor's Signature

Date