

PRO BONO PROJECT

The Joseph W. Little Pro Bono Support Fund Reimbursement Request Form

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

Student's Phone Number: _____ Email: _____

Student's Mailing Address: _____

Agency Name & Address: _____

I am seeking reimbursement for (include estimated distance or cost in blank):

- Travel – mileage (to outside Alachua County only): _____ Incidentals: _____
(ie copies, postage, etc.)
- Other – explain: _____

Total Estimated Expenses: \$100 or less Over \$100 (Needs preliminary approval by the Ad Hoc Pro Bono Advisory Committee)

PLEASE NOTE: Receipts and supporting documentation must be submitted to the CCD before reimbursement can be granted. Your supervisor must sign the front of each receipt and/or supporting documentation in order for it to be verified.

Preliminary Approval (Initial): Granted _____ Denied _____ Granted in Part _____
Part Granted: _____

Date of Decision: _____

Preliminarily approved requests for reimbursement must be resubmitted for **FINAL APPROVAL** after the incurring of costs.

Estimate equals actual expenses, verified receipts and/or supporting documentation attached.

Estimate does not equal actual expenses. Attach an itemized list of actual expenses; include explanation of difference, verified receipts and/or supporting documentation.

Final Approval (Initial): Granted _____ Denied _____ Granted in Part _____
Part Granted: _____

Date of Decision: _____