

# SMART Final Reimbursement Report

Project Title: \_\_\_\_\_

Student: \_\_\_\_\_

Email: \_\_\_\_\_

University ID #: \_\_\_\_\_

Date: \_\_\_\_\_

Faculty Mentor: \_\_\_\_\_

## ALLOWABLE EXPENSES:

(Attach "ITEMIZED EXPENSE LIST" and receipts to this form)

### TRAVEL

In-State (\$.345 per mile for the first 500 miles; \$.17 per mile for 501 to 3000 miles):  
\_\_\_\_\_

Note: All mileage is counted from the IUSB campus to your destination

Out-of-state: \_\_\_\_\_

LODGING (submit original receipts only): \_\_\_\_\_

SUPPLIES (Must be specifically project-related and itemized with original receipts attached. **This includes all duplicating costs.**): \_\_\_\_\_

OTHER:  
\_\_\_\_\_

TOTAL REIMBURSEMENT REQUESTED: \_\_\_\_\_

I verify that these were the actual expenses for my Undergraduate Research Project. I have also submitted my finished project, Self-Evaluation, Travel Report (if any). I authorize the Undergraduate Research Office to sign for me all necessary university reimbursement request forms.

Signature of Student Applicant:

Signature of Faculty Mentor: