

2005-2007 Phillips Scholars Program Project Grant Reimbursement Request

Name (print) _____

Address: _____

City, State, Zip _____

Date	ITEM/ACTIVITY: RECEIPTS MUST BE ATTACHED. <i>Meeting Expenses: Document persons attending and purpose.</i> <i>Mileage is reimbursed at \$0.405 per mile</i>	\$ Amount	Project Fund Balance \$250 starting balance
TOTAL			

Signature: _____

Date: _____

I herewith certify that the above is a true statement of travel expenses incurred by me in connection with said event; and I accordingly make claim for reimbursement.

SEND TO: MN Private College Fund
Bremer Tower Suite 500,
445 Minnesota Street,
St. Paul, MN 55101
651-228-0379 Fax