

UNIVERSITY OF CHICAGO

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DIRECT PAYMENT VOUCHER AUTHORIZATION

**This form should be used when requesting non-travel related reimbursements
(i.e. postdoc/visitor dinners, local taxis, etc.)**

PLEASE PRINT

Name: _____

Mailing Address: _____

Email Address: _____

Description of item/service:
(Please be specific)

List of attendees if applicable:
(i.e. reimbursement for dinner)

Project Name: _____
(i.e. QUIET, SPT, EDGE)

I certify that the information given herein is accurate. If a copy of a receipt has been provided instead of an original, I further certify that I have not and will not be reimbursed for these expenses from any other source.

Signature _____ Date _____

Please tape (do not staple) all ORIGINAL small receipts to an 8-1/2" x 11" sheet of paper so they do not get lost. Return the receipts along with this form to the Kavli Business Office (LASR 215).

