

**UNIVERSITY OF CHICAGO**

**Kavli Institute for Cosmological Physics**

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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).**

