



ASUH Research/GTP Reimbursement Request Form

TO: **ASUH /SLD**
2465 Campus Road
Campus Center Room 211A
(808) 956-4822; asuh@hawaii.edu

FROM: Name: _____

Mailing Address: _____

City, State, ZIP: _____

Phone Number/ Email Address: _____

Please make check payable to:

Name: _____

Mailing Address: _____

City, State, ZIP: _____

These funds were awarded through _____

I certify that I have incurred these expenses for the purposes stated in SCR _____

Signature (Awardee)

Date

(Office Use Only)

Certification of Organization Representative

I certify that the signature above is a true representative of _____

SLD Staff Representative

Date