THE UNIVERSITY OF TENNESSEE KNOXVILLE
GRADUATE SCHOOL

Submit form to:
111 Student Services Bldg.
Knoxville, TN 37996-0211
gss-acad-support@utk.edu

GSS Academic Support Reimbursement Request

Student Name: _____
Last *First* *Middle*

Department: _____ **Student ID #:** _____

Today's Date: _____

Itemized Request

Copies of receipts or proof of purchase must be attached for each item

Description of Purchased Item	Rationale/Purpose of Purchase	Date of Purchase	Total Amount	Office Use Only: Approval/Notes

Total Amount of this Reimbursement Request $ 0.00

Student Signature

I verify that the purchase(s) above were related to my academic studies and request funding of the total amount above. (Maximum allowable is $200 per student.)

Signature: _____ **Phone:** _____ **Email:** _____

Graduate School Use Only **Verified By/Date:** _____

For any questions related to academic support funds or the reimbursement process, contact Sharon Foy (sfoy1@utk.edu/974-3653).

Revised 09/21