Application for Reimbursement
UNOPA Fund #CD 2484

Name___________________________________ Personnel Number____________________

Home Address______________________________________________________________

Department__________________________________________________________________

Campus Address____________________ Campus Phone__________________________

Information for Applicant:

• Any UNOPA member who is a full or part-time UNL employee is eligible to apply for up to
$100 reimbursement of expenses for professional growth activities. Eligible expenses include
workshop registration fees, college tuition, textbooks, travel expenses for a conference, etc.

You may combine more than one expense on one application.
• Send your application to Jane Schneider, 1100 Seaton Hall, 0619.
• Applications are due by October 15, February 15, and May 15. The review board will meet
shortly after each date, and notify applicants of decisions within two weeks. Applications may
be sent any time, and will be reviewed after the following due date.
• Reimbursement can be requested only after successful completion of the activity. For
example, if you took a class, attach a copy of your attendance certificate or grade report to
show it was completed.

Have you ever received a stipend from the UNOPA Fund #CD 2484 before? ___Yes ___No

• If yes, please indicate month and year received._________________________________
• To allow maximum sharing in the benefits of the fund, reimbursements will not be granted to
the same individual in two consecutive years.

Reimbursement Request:

Describe the activity you completed. Attach pertinent information, such as a copy of
attendance certificate, grade report, or registration form, and a receipt for each expense.
Original receipts are required—that’s a government regulation. Reimbursement is made through
a check issued by the University of Nebraska Foundation. Please allow several weeks for this to
occur.
Activity Description:__________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Amount Requested: ____________

Signature of Applicant:______________________ Date:_________________________

Review Board Decision:

Date of Meeting:___________________________________________________________

Approved___________________Disapproved________________________(If disapproved, explain)

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