**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.

• Email your application to Barbara Homer, bhomer56@gmail.com.

• Applications must be submitted no later than 60 days after the final day on which expenses were incurred. The review board will meet and notify applicants of decisions within two weeks.

• 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 paid 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)