



Expense Reimbursement Form

The Robertson Scholars Leadership Program will only reimburse you for pre-approved expenses.

ALL PORTIONS OF THIS FORM MUST BE SUBMITTED IN ORDER TO RECEIVE REIMBURSEMENT.

Full Name _____

Address to which check
should be mailed _____

Phone number _____

Total reimbursement _____

Duke Unique ID _____

Complete this form in its entirety in order to be reimbursed. Once completed, attach all receipts or other documentation. If submitting reimbursement for miles driven, include origin and destination addresses. **NO EXPENSE WILL BE REIMBURSED WITHOUT RECEIPTS AND SIGNATURE.** Mail, or scan/email to:

Jon Cochran
The Robertson Scholars Leadership Program
Smith Warehouse Floor 2 Bay 7 North
Duke University Box 90753
Durham, NC 27708
cochran@robertsonscholars.org

Confirmation

By signing this form, I confirm these expenses were incurred on my behalf. I understand I may be required to provide additional information on request.

Signature

Date

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