



200 Springs Rd. (151) Building 14 Room 104
 Bedford, Massachusetts, 01730
 T. 781.687.2941 or T. 781.687.2958
 F. 781.687.2782

Reimbursement Request –Supplies, Services, Equipment

**Note: Reimbursement Requests can be honored *ONLY* when pre-approval is made.
 This involves obtaining a PO# from BRCI prior to making expenditures.
 Original Receipts/Proof of Purchase must accompany requests**

Date: _____ PO# Assigned: _____

Requested by: (print name) _____ Title: _____

Principal Investigator (if different- print name): _____

BRCI Grant Title:		
Grant Sponsor:		BRCI Grant ID#:
VENDOR USED		

<u>Description</u>	<u>Quantity</u>	<u>Dollar Amount</u>
	TOTAL	

Justification:	Reimbursement Check should be made out to:
	Name: _____
	Full Mailing Address: _____
	Phone: _____
	e-Mail address: _____

Principal Investigator Approval: _____ Date: _____

BRCI/ Approved by: _____ Date: _____
 Dawn E. McKenna Executive Director, BRCI

For Office Use Only:

Date Request Received: _____
 Expenditures verified by: _____

Posted on QB: _____
 Paid on (date): _____
 Check #: _____