

2016

## 2016 Bradley Munn Request

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## Application for Reimbursement UNOPA Fund #CD 2484

Name Gretchen Mills Personnel Number 59531

Home Address 1518 Regency Drive Lincoln NE 68506

Department Social and Behavioral Sciences Research Consortium

Campus Address 234 Whittier Research Center Campus Phone 2-7670

### 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: I took two graduate classes through UNI and am requesting reimbursement (partial reimbursement) for the book costs in this class. The classes were in Fall.

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Amount Requested: 100.00

Signature of Applicant: \_\_\_\_\_ Date: 2/29/15

Review Board Decision:

Date of Meeting: \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ (If disapproved, explain)

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**Beginning of Graduate Record**

<b>Fall 2015</b>					
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<b>EDAD 832</b>	<b>HIGHER ED IN AMERICA</b>		<b>A</b>	<b>3.00</b>	<b>12.00</b>
	<u><b>AHRS</b></u>	<u><b>EHRS</b></u>	<u><b>QHRS</b></u>	<u><b>QPTS</b></u>	<u><b>GPA</b></u>
<b>Term</b>	<b>6.00</b>	<b>6.00</b>	<b>6.00</b>	<b>24.00</b>	<b>4.000</b>
<b>Cumulative</b>	<b>6.00</b>	<b>6.00</b>	<b>6.00</b>	<b>24.00</b>	<b>4.000</b>
<b>Program:</b>	<b>Graduate</b>				
<b>Major:</b>	<b>Educational Administration (EDAD-MA)</b>				