UNIVERSITY OF MICHIGAN,
SCHOOL OF SOCIAL WORK
1080 S. UNIVERSITY, ROOM 2807
ANN ARBOR, MI 48109-1106

Shortcode or P/G: _____

Please complete the following:

McCoy, Austin

Last Name, First Name, MI

ausmccoy — UMICH Uniquname

Non UMICH Email Address (ONLY for non-employee)

32486049 — UMID# (SSN for non-employee)

Home Address Street (ONLY for non-employee)

Home Address City, State, Zip, Non-US Country (ONLY for non-employee)

Home Phone (non-employee)

Business Phone (ONLY for non-employee)

Reimbursement is requested for items checked below: (Date)

- [x] Honorarium for presentation — 10/12/2017
- [ ] Travel and accommodation
- [ ] Hosting

REIMBURSEMENT AND CERTIFICATION:

Please complete this form in its entirety, sign and return it to the School of Social Work FAST (Faculty Administrative Support Team) Office (2807 SSWB) along with the original travel/expense receipts. Please also obtain the approval signature of the project director if you are not the project director of the P/G listed above.

I certify that I have not and will not request reimbursement from another source for any expenses claimed in this request. Additionally I certify that a U-M P-Card was not used for any expenses claimed. In the event payment is received from another source(s) for any portion of the expenses claimed, I assume responsibility for repaying the University of Michigan in full for those expenses.

Austin McCoy

Digitally signed by Austin McCoy
Date: 2017.10.17 20:01:39 -04'00'

Signature and Date

- [ ] I received a Travel Advance for this trip in the amount of _____

BUSINESS PURPOSE (include a detailed description of the activity, AND an explanation of how this expense/activity was a direct benefit to the individual, the School, and the University):

Are you a University of Michigan Student? [ ] Yes [ ] No

If yes, are you a SSW student? [ ] MSW [ ] PhD

[ ] No, specify school, program: _____

APPROVAL BY SHORTCODE PROJECT DIRECTOR:

My signature below indicates my approval for this reimbursement to the above individual on the shortcode - P/G noted above. The expenses claimed directly benefit the project.

_____

Signature and Date