



**Expense Reimbursement Request:  
CMU / TUE Collaborative Workshop**

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date	Description	Amount	
		USD	OR FOR*
<b>TOTALS</b>			

\* Please do **not** convert amounts in foreign currency to US dollars.

Please submit completed form with original receipts **by July 15, 2005** to:

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