



**STUDENT TRAVEL GRANT
REIMBURSEMENT FORM**

Name (individual being reimbursed)
Address (number, street, and apt. or suite no.)
City, State and Zip Code

Student Name
Phone Number
Email Address

SUBSTITUTE W-9 INFORMATION FOR ABOVE NAME/ENTITY

It is the responsibility of the Grant Recipient to ensure that all taxes (federal and/or state), if applicable, are filed accordingly.

PAYMENT TYPE

- Receive paper checks (Please complete the Authorization Section for the Substitute W-9 portion)
- Receive electronic payments (Please complete the Bank Information and Authorization Section)

Accounts Receivable Contact

Email Address for Remittance Advice

Accounts Receivable Phone Number

BANK INFORMATION

Financial Institution Name
Financial Institution City, State and Zip
Financial Institution Phone Number

Routing Number									
Account Number									

Checking

Savings

AUTHORIZATION/CERTIFICATION SIGNATURE

By signing below I verify my payment type as noted above.

By choosing electronic check option, I further acknowledge the following:

I hereby authorize Beloit College to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to the account identified above.

Signature of person being reimbursed

Printed Name

Title

Date