

MAE Independent Work and Senior Thesis
AUTHORIZATION FOR FUNDS OVER \$50

REMEMBER WE ARE TAX EXEMPT

Mention it when you order

Tax Exempt No. E-210-634-501/000

Student Name: _____ Date: _____

Advisor: _____

Short Project Title: _____

PROVIDE VENDOR INFORMATION FOR CREDIT CARD PURCHASES:

Name of Vendor: _____

***SHORT DESCRIPTION OF ITEM(S) –OR- ATTACH ON-LINE OR HARD COPY
INVOICE:***

ITEM	Part No.	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____		TOTAL COST: _____

PERSONAL REIMBURSEMENT

**IF YOU ARE REQUESTING REIMBURSEMENT FOR PERSONAL EXPENSES
ATTACH RECEIPT AND CHECK HERE [] – Note that taxes will be removed.**

Approved by:

ADVISOR: _____

PROF. MARTINELLI: _____

JO ANN LOVE: _____

For Department use only: CHARGE TO: _____