

Research Reimbursement Form

Graduate Student Association of Textile and Apparel Management

Date: _____

Name: _____

Address: _____

University E-Mail: _____

Description of Research:

Research Topic: _____

Research Expense Description: _____

Total Cost of the Research:

Data Collection Remuneration:

Interview :\$ _____ Survey :\$ _____ Focus Group :\$ _____

Data Collection - Other (details): _____ Other: \$ _____

Travel :\$ _____ Equipments (details): _____ :\$ _____

Books:\$ _____ Other Research Expense (detail) : _____

Other Research Expense:\$ _____ Total Cost: \$ _____

Reimbursements Receipts Submission Details:

Interview: \$ _____ Survey: \$ _____ Focus Group: \$ _____

Data Collection (other): _____ \$ _____

Travel: _____ Equipments: _____ Books: _____

Other Expense: _____ \$ _____

Total Reimbursement Amount Requested: \$ _____

External Funding:

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total External Funding: \$ _____

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Graduate Student Association of Textile and Apparel Management

Terms of Agreement

Individual members will be reimbursed based on the total receipt amounts submitted. The receipts submitted to GSATAM, cannot be submitted to any other organisation for travel funding. The individual member takes full responsibility of the genuineness of the receipts submitted. The GSATAM is not liable in anyway, if any member submits same receipt to two different organizations for reimbursements. By submitting this application, I affirm that the facts set forth in it are true and complete. I acknowledge that the faculty advisor / faculty research supervisor may be accessed as a reference to the validity of my reserach funding request.

I have read the Gradaute Student Association of Textiles and Apparel Management 's General Research Grant policies and requirements.

Signature: _____

Date: _____

Name: _____

Please submit the reimbursement form and receipts to GSATAM treasurer within 30 days of completing Research

For Office Use Only

Interview: _____ Survey: _____ Focus Group: _____

Data Collection (other): _____ \$ _____

Travel: _____ Equipment: _____ Books: _____

Other Expense: _____ \$ _____

Total Reimbursement Requested: \$ _____ **Total External Funding: \$** _____

Total Amount of Receipts Submitted: \$ _____ **Total Amount Approved: \$** _____

Notes: _____

Approved By:

Signature: _____

Signature: _____

Name: _____

Name: _____

Position: _____

Position: _____