

# SCAMEL SPEEDY STARTUP EXPENSE/REIMBURSEMENT FORM

**Please provide the following for reimbursement**

**Awardee Name** \_\_\_\_\_ **Social Security #** \_\_\_\_\_  
(Required for individual 1<sup>st</sup> time payee reimbursement)

**Check Payable To** (if different from Awardee) \_\_\_\_\_

**Address** \_\_\_\_\_

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

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

**Project Name** \_\_\_\_\_

**Date of Award** \_\_\_\_\_

**Expense Description Amount**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Awardee

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Katherine Prentice, Treasurer, SCAMeL

**Please send this form with receipts to :**

Kalei Malczon-Dorris  
Gibson D Lewis Health Science Library  
3500 Camp Bowie Boulevard  
Fort Worth, TX 76107  
[Kalei.malczon-dorris@unthsc.edu](mailto:Kalei.malczon-dorris@unthsc.edu); 817-735-5132