

**President's Council on
Equity and Campus Diversity
2017-2018 Minigrant Program
Request for Reimbursement**

Dept. /Organization: _____

Contact Person: _____

Campus address: _____

Telephone: _____ Fax: _____

Email: _____

Project Title: _____

Amount Awarded: _____

Make check payable to: _____

Description	Encumbered
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These goods and services are necessary to do this account and do not duplicate any existing good and services.

Approved signature of contact person: _____	Date: _____
Diversity Program Coordinator _____	Date: _____
Chief Diversity Officer _____	Date: _____

ORIGINAL RECEIPTS MUST BE ATTACHED. PLEASE SUBMIT IN DUPLICATE TO:
Office of Equity and Campus Diversity Cleveland Hall 415 (716) 878-6210
M-F 8:30 – 5:00 PM <https://equity.buffalostate.edu> email: eeoequity@buffalostate.edu