



AMERICAN UNIVERSITY OF SHARJAH
Finance Department

Research Grant - Reimbursement Request Form

Faculty Name: _____		ID No: _____	Date: _____ Day/Month/Year	
Cost Center: _____	Account: _____	Department: _____	Fiscal Year: _____	
Travel Destination: (If Research will be outside UAE) _____			Travel Date: _____	
Research Proposal Title: _____			Budget Approved in AED: _____	
Itemized Research Expenses:	Amount	Total Expenses	For Finance Review:	
1) _____	_____	_____	_____	
2) _____	_____	_____	_____	
3) _____	_____	_____	_____	
4) _____	_____	_____	_____	
5) _____	_____	_____	_____	
6) _____	_____	_____	_____	
7) _____	_____	_____	_____	
8) _____	_____	_____	_____	
9) _____	_____	_____	_____	
10) _____	_____	_____	_____	
Less Advance paid by AUS:		_____	_____	
Balance Due to Employee:		_____	_____	
Balance Due to AUS:		_____	_____	
Payment Mode by AUS: (Please tick preference)				
<input type="checkbox"/> Cash in USD <input type="checkbox"/> Check in AED <input type="checkbox"/> Check in AED to be deposited to NBS Account # _____ <input type="checkbox"/> Bank Transfer (Pls. provide bank details) Bank Name: _____ Branch: _____ Acct # : _____				
Recovery Mode from Employee: (Please tick below)				
<input type="checkbox"/> Salary Deduction <input type="checkbox"/> Cash payment to AUS cashiers				
Submitted By:		Approved By: (Department)	Approved By: (GS&R Office)	Finance Review:
Faculty Name: _____		Name: _____	Name: _____	Name: _____
Signature: _____		Signature: _____	Signature: _____	Signature: _____
Date: _____		Date: _____	Date: _____	Date: _____
Note:				
<p align="center">A copy of the Research Grant Award memo approved by the VCAA must be attached along with all original bills & receipts of expenses incurred.</p>				