

**GEORGIA INSTITUTE OF TECHNOLOGY  
LONG DISTANCE CALL REIMBURSEMENT DEPOSIT FORM**

Date: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

Project number(s) to apply expense credit:  
(must be project(s) charged on bill)

Amount of reimbursement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Total amount of deposit

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

Employee Signature:

\_\_\_\_\_

Department/Unit Head Signature:  
(or designee)

\_\_\_\_\_

**SUPPORTING DOCUMENTATION IS RETAINED IN THE DEPARTMENT/UNIT**