Date & Time of Event: Event Location: List of Attendees: (<i>Attach a sign-in sheet if less than 20 attendees</i>)	NNM STATE UNIVERSITY GRANTS CAMPUS	REQUEST FOR	NON-TRAV	EL REIMBURSEMENT	
Official Title: (Staff Member ID# 800*****) Index# (Department Account to be billed: 500***) Business Purpose: [Department Account to be billed: 500***) Business Purpose: Event Location:	Date:			_	
Official Title: Index#	Requestor:		Banner ID#:		
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Email Address		Other:			
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