

REQUEST FOR REIMBURSEMENT OF INTERVIEW EXPENSES FOR DOCTORS

STUDENT NAME: LCS NUMBER:
 UNIVERSITY/COLLEGE:
 PROGRAM:
 ADDRESS:
 TEL: EMAIL:

LIST OF EXPENSES	NAME OF INSTITUTION & PROGRAM	AMOUNT OF TICKET
Date of interview (DD/MM/YY): ... /... /... ; ... /... /... ; ... /... /... ; ... /... /...		
Check one of the following:		
<input type="radio"/> First interview
<input type="radio"/> Second interview
<input type="radio"/> Third interview
<input type="radio"/> Fourth interview
Original ticket receipt(s) and letter confirming interview attached (check one):		
<input type="radio"/> Yes		
<input type="radio"/> No		
Total amount requested by student

I hereby declare that the information I have submitted in this request for reimbursement is true and correct. I understand that submission of any false statements or documents will result in the immediate cancellation of this claim and that information on falsification will be inscribed in my academic file and forwarded to the Secretariat of Education in Libya.

..... Student Signature Date Submitted to LCS
For LCS use only	
..... Cultural Counselor's Signature Comments and Date
..... Financial Counselor's Signature Date
..... Date received at LCS Total Amount Approved for Payment