**ATSU Publication Reimbursement Request**

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| --- | --- |
| **Today’s Date** |  |
| **Name of Requestor** |  |
| **Manuscript Title** |  |
| **Journal Name** |  |
| **Type of grant used in generation of manuscript (if applicable)** | |
|  | |
| **Is this journal part of the PLOS family of journals or which are indexed on Medline/PubMed, or listed in the Directory of Open Access Journals (DOAJ)?** | |
| **YES NO**  **(Journals not included in these groups will be reviewed on a case-by-case basis)** | |
| **Publication Fees Requested** | **$**  **(Attach Invoice or Quote)** |
| **Department/School** |  |
| **Supervisor Approval Signature/Date (Must attest sufficient departmental funds are not available to support request)** |  |

**If approved, please note:**

1. If the department pays for the cost of publishing, then a copy of the paid invoice should be sent to [internalgrants@atsu.edu](mailto:internalgrants@atsu.edu) in order to reimburse. We will then work with the finance office to transfer funds back to the department.
2. If publication costs are paid by the individual, these costs can be submitted for reimbursement by sending a copy of the paid invoice to [internalgrants@atsu.edu](mailto:internalgrants@atsu.edu). We will then work with the finance office to reimburse the individual.

If you have received funding through the Publication Reimbursement program in the past 5 years, please complete the information below:

|  |  |  |
| --- | --- | --- |
| **Year** | **Publication/Journal** | **Amount Received** |
|  |  | $ |
|  |  | $ |
|  |  | $ |

Please return this completed request form to: [internalgrants@atsu.edu](mailto:internalgrants@atsu.edu)

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Reviewed/Approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Jack Morris, MS, PMP, Director, Research Support**