



## Reimbursement Request

Please make check payable to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### EXPENSES:

Please submit this form within 30 days of incurred expense.

Date	Program*	Explanation of Expense - attach receipts **	Account (Admin. Use)	Amount
Total Reimbursement Amount:				

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* Committee Chair approval required if receipt(s) unavailable

\*Program Committees:

Education	Seirm	Communications	Development	Fèis	Administration	Library	Children
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Administrative Use - Disbursement

Date Received:	Initials:	Check #	Amount \$
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