

Ladies of Notre Dame and Saint Mary's College

Request for Reimbursement

Submitted by: Name _____
 Address _____

 Telephone _____ E-mail _____

Event or Activity: _____
 Date of Event or Activity: _____

Please note that a Request for Reimbursement form needs to be completed for each person who incurred expenses and requests reimbursement. The Chair for each event will need to collect and submit all Requests for Reimbursement forms with their Event Summary of Expenses form.

Expenses Incurred:

Please provide an itemized listing of expenses incurred and sign below. Attach receipt(s) to this form and send to the LND/SMC Treasurer. A check will be mailed to the name and address listed above.

<u>Date</u>	<u>Place of Purchase</u>	<u>Item(s) Purchased</u>	<u>Amount</u>

Total Amount \$ _____

Signature: _____

Send to LND/SMC Treasurer: Marti Alworth 51388 Harbor Ridge Drive, Granger, IN 46530
 574-243-1533 mtalworth@aol.com

Treasurer's Info:

Check No _____ Date _____ Amount \$ _____ Authorized by: _____