

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.

Date	Place of Purchase	Item(s) Purchased	Amount

Total Amount \$ _____

Signature: _____

Send to LND/SMC Treasurer: Susan Bowyer 144 E. North Shore Dr, South Bend, IN 46617
 574-339-5384 susanjbowyer@gmail.com

Treasurer's Info:

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