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: Carol Kraabel 262 Milan St, Granger, IN 46560

Treasurer's Info:
Check No _____ Date _____ Amount $ _____ Authorized by: _____