

LND/SMC/HCC

Request for Reimbursement

Submitted by: Name _____

Address _____

Telephone _____ E-mail _____

Event & Date : _____

Please complete one Reimbursement form for each person who incurred expenses. The Chair for each event will collect and submit all Requests for Reimbursement forms.

Expenses Incurred:

Please provide an itemized listing of expenses incurred and sign below. Attach receipt(s) to this form and send it to the Ladies Treasurer. Betty Gallagher, 830 N St. Peter, South Bend, In 46617. 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: _____

Treasurer's Info:

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