

SLCC REIMBURSEMENT FORM



(Please Print)

Person Requesting Reimbursement:

Name: _____

Mailing
Address _____

Amount Requested/Spent: \$ _____

NOTE: Attach all receipts to the back of this form and circle the appropriate charges

Reimbursement will only be made when all receipts are submitted

Briefly explain how funds were used:

Donation in kind (Receipt not required):

To aid in determining the true cost of an event, etc., please list any expenses
contributed without a request for reimbursement

Amount Donated \$ _____

Briefly explain how funds were used:

SIGNATURE: _____

DATE: _____

PAID BY: _____

DATE: _____

CHECK # _____