**Campus and Community Fund**

**REQUEST FOR REIMBURSEMENT**

Instructions:

1. Complete the general information below.
2. In the receipts section, make sure that each row corresponds to one receipt. (If you have multiple receipts for one event, make each receipt its own row.)
3. Email this form to the Financial Coordinator at financial@dwighthall.org with the receipts attached. **Please name the receipts with your group’s name and the corresponding row number from this form** (e.g., if you have 5 receipts, you should have 5 attachments numbered 1-5 according to the rows of this form).

Please contact the Financial Coordinator at financial@dwighthall.org with any questions.

**General**

Group Name:

Name of Reimbursement Requestor/Payee:

Email of Requestor:

Zelle Phone Number or Email:

Total Reimbursement Amount: $

**Receipts**

|  |  |  |  |
| --- | --- | --- | --- |
| # | Purchase description e.g. flyers | For what? e.g. publicity for event | Amount |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |

|  |  |
| --- | --- |
| ExComm Financial Coordinator: | Date: |
| Entered By: | Date: |
| Payment Type: | Ck/Confirm No: | Date: |