

REQUEST FOR REIMBURSEMENT

Meeting / Event: _____

Meeting Date(s): _____

Meeting Site: _____

Expenses:

Travel (ticket): _____

Auto Expense _____

Tolls: _____

Other: (please specify) _____

TOTAL: _____

Make Check Payable to:

Address:

Submitted by: _____

Please send this form and all receipts to:

Treasury Department

Attn: Lisa Yaudes-Goodwill

P.O. Box W

St. Bonaventure, New York 14778

Approved by: _____ **Date:** _____

REQUEST FOR REIMBURSEMENT

Meeting / Event: _____

Meeting Date(s): _____

Meeting Site: _____

Expenses:

Travel (ticket): _____

Auto Expense _____

Tolls: _____

Other: (please specify) _____

TOTAL: _____

Make Check Payable to:

Address:

Submitted by: _____

Please send this form and all receipts to:

Treasury Department

Attn: Lisa Yaudes-Goodwill

P.O. Box W

St. Bonaventure, New York 14778

Approved by: _____ **Date:** _____