REQUEST FOR REIMBURSEMENT

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Approved by: Date:	Approved by: Date:
P.O. Box W St. Bonaventure, New York 14778	P.O. Box W St. Bonaventure, New York 14778
Treasury Department Attn: Lisa Yaudes-Goodwill	Treasury Department Attn: Lisa Yaudes-Goodwill
Please send this form and all receipts to:	Please send this form and all receipts to:
*****************	*****************
Submitted by:	Submitted by:
Address:	Address:
Make Check Payable to:	Make Check Payable to:
TOTAL:	TOTAL:
Other: (please specify)	Other: (please specify)
Tolls:	Tolls:
Auto Expense	Auto Expense
Travel (ticket):	Travel (ticket):
Expenses:	Expenses:
Meeting Site:	Meeting Site:
Meeting Date(s):	Meeting Date(s):
Meeting / Event:	Meeting / Event:
M (* /E)	N. C / E