

ERC REQUEST FOR REIMBURSEMENT FOR STAFF AND STUDENTS

Tape receipt (s) here.
If more space is needed please use a scratch piece of paper.

Pay Auth No. _____

Date Submitted: _____
Event Date: _____
Name of Event: _____ _____
Number of participants: _____
Sponsoring Org: _____
Amount of Payment: _____
=====
Name: _____
Social Security No. (needed first time only) _____
Address to send check: _____ _____
Phone Number: _____
Email: _____

Index No. Charged _____ GL Date: _____