

Leonard Fund Reimbursement Form

2019-2020

Instructions: Please complete information below and return to the Office of Academic Affairs, Platt Campus Center. Make sure to include original receipts. Reimbursement will take approximately two weeks.

Name of Reimbursee: _____

Check one: Faculty ____ Student ____ Other ____ (please specify)

Department/Campus Address: _____

Date of Entertainment: _____

Purpose: (please be specific):

Names of Attendees: (please print):

Please reimburse \$_____ for the following:

____ Breakfast guests at \$11.75 per person (up to eight)

____ Lunch guests at \$14.75 per person (up to eight)

____ Dinner guests at \$17.75 per person (up to eight)

Signature: _____ Date: _____