

Leonard Fund Reimbursement Form

2017-2018

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 \$11.00 per person (up to eight)

___ Lunch/Brunch guests at \$14.00 per person (up to eight)

___ Dinner guests at \$17.00 per person (up to eight)

Signature: _____ Date: _____