

GREAT LAKES IFT RE-IMBURSEMENT REQUEST

*must be completed within 30 days of event



PLEASE EMAIL TO REIMBURSEGLIFT@GMAIL.COM

Event Summary – Please endeavor to obtain <u>prior</u> approval for reimbursement from at least one member of the Executive Committee	
Event Name	
Event Location	
Total Attendees	
Event Coordinator	
Event Date	

Re-Imbursement Details		
Summary of Financials		
Expenses	\$	Description of Expenses (Mileage current reimbursed at \$0.54 per mile)
	Total	
Notes / Comments:		
Recommendations:		
Receipt Attached: All receipts attached.		
Date of Request:		
Name:		
Preferred Re-imbursement:	Hardcopy: Direct Deposit:	



Address Check to be sent to:		
Phone Number		
Direct Deposit	Routing Number:	
	Other:	

Approved By: _____

Date of Approval: _____