

Center for Chicago Programs REIMBURSEMENT REQUEST

Please return to Jennie Larsen Box A9

Original receipts or copies of credit card statements need to be attached to this form for reimbursements to be processed. The Center for Chicago Programs cannot reimburse for food & beverage or mileage.

Date of Expenditure: _____

Person Requesting Reimbursement: _____

Name of Professor (if other than person named above): _____

Box # _____ **Extension** _____

Class: _____

Location of Trip: _____

Reason for Reimbursement: (check all that apply)

- Tickets/ Entrance Fees Amount: _____
- Parking Amount: _____
- Metra/CTA Amount: _____
- Speakers/Performers Amount: _____
- Other (please describe) _____

Total Amount of reimbursement _____

How would you like to receive your reimbursement?

- Petty Cash Voucher (Under \$60.00) *7 to 10 days for receipt*
- Check Request (Over \$60.00) *processing may take several weeks*

For office use only

Date Rec'd _____

Reimbursement form sent: _____

Act # charged: _____