

Reimbursement Claim

(Format used for reimbursement claim when no other receipt is available)

_____ Study Center

This is to certify that I, _____
spent Study Center Funds in the amount of _____
on the date of _____ for _____

No other receipt was available due to _____
(Loss, none issued, etc.)

I have been reimbursed from the Study Center operating funds.

(Signature)

(Date)

(Director's signature)

(Date)