

Request for Reimbursement Non-Yale Personnel

To: Yale Divinity School
409 Prospect St.
New Haven, CT 06511

Claimant's Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Social Security #: _____

Event: _____ Date of Event: _____

Expenditures

Date	Amount	Description of Expense
TOTAL		

Please note: To facilitate payment, it is necessary to submit all original receipts, boarding passes, cancelled checks for expenses paid by you, and all other miscellaneous proofs of payment. If a credit card receipt does not include the last four digits of your account number, then you must submit your personal credit card statement showing the expenses claimed here. Please include the names of people in attendance at any function where you incurred their expenses.

Yes, I would like to donate this reimbursement to Yale Divinity School.

No, please send me a check via mail.

Claimant's Signature: _____ Date: _____

Approved By: _____ Date: _____

Elizabeth L. Strawn, Director of Alumni Relations