

Eliot Institute Reimbursement Request Form

(Updated July 9, 2007)

Date: _____

Charge to: ___ Administration ___ July ___ Aug ___ Winter ___ Naramata

Description:	Amount:	Explanation:
Telephone		
Copying		
Postage		
Adult program supplies		
Youth program supplies		
Children's program supplies		
Waterfront supplies		
General supplies		
Mileage (at \$.22) _____ miles		
Other (specify)		
Total Expenses:		
Minus donation:		
Requested reimbursement:		
<p><i>I verify that this is an accurate and appropriate statement and claim for reimbursement.</i></p> <p>Submitted by: _____ Date: _____</p>		
Send payment to:	Approved by:	
Address:	Title:	
City/Postal Code:		
Phone:	Paid by:	
Email:	Check #	
	Date:	

**Submit completed form to: Eliot Institute, 2628 31st Avenue West
Seattle WA 98199**

Questions? Send e-mail to: registrar@eliotinstitute.org.