

# W&M Catholic Campus Ministry

## REIMBURSEMENT FORM

To be reimbursed for CCM expenses, complete this form and attach the receipt(s) to this sheet. **Receipts are necessary for all reimbursements!** Please return this form to the mailbox to Marianne Guarnieri. Problems? Email Marianne at [mguarnieri@wmccm.org](mailto:mguarnieri@wmccm.org). Thank you!

Name: \_\_\_\_\_ CSU / GSH (circle one): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Position/Ministry in CCM: \_\_\_\_\_

Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

### Purchases (general list; specificity not needed)

	Place of Purchase	Item(s)	Cost
1)			
2)			
3)			
4)			
5)			
6)			
		<b>TOTAL COST:</b>	<b>\$</b>

OFFICE USE ONLY: Date: \_\_\_\_\_ Check No.: \_\_\_\_\_ Amount: \_\_\_\_\_ Initials: \_\_\_\_\_

#### Activity Information

Remember to report to the appropriate board member the approximate number of people who attended, the location of the event, whether any help from outside CCM was given (remember to send a thank-you note to them), and any comments, suggestions for improvement, or other pertinent information that can be used in the future when planning this event.