



UD ALUMNI ASSOCIATION

Individual Reimbursement Form

Please fill out all parts of form (Gift optional) and submit with original expense receipts following your event (photo or scanned copies will not be accepted).
Allow 3 weeks for reimbursement. Forms must be submitted within the same fiscal year (July 1- June 30).

Date: _____

Reimbursee Information

Name (and make check payable to): _____ Class Year: _____

Address/City/State/Zip: _____

Daytime Phone: _____ Email: _____

Event Information

Alumni Community: _____

Event Name: _____

Event Date: _____

Description of Expenses for reimbursement

Food	\$ _____	Deposit for	_____	\$ _____	Total Due: \$ _____
Supplies	\$ _____	Other	_____	\$ _____	

*If you are being reimbursed for several items, please include an itemized list.

Financial Gift

Yes, I am interested in making part of my reimbursement a donation. Please include a donation envelope with my reimbursement check.

For Office Use Only

Submitted to Accounting: _____

Forwarded to Advancement Services for Donation Process: _____

Approved By: _____

Acct #: _____

Event Type: _____

Category: _____

University of Dayton Alumni Association

Alumni Relations ~ 300 College Park Dr., Dayton, OH 45469-7052 ~ 1-888-UD-ALUMS ~ Fax 937-229-2904

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