**Georgetown University**

**Reimbursement Form**

**Please complete each section below.** All reimbursements must be accompanied by this reimbursement form, as well as an itemized list of the cost, separated by category (ex: lodging, cabs/parking/subway, airfare, registration, books, supplies, memberships, subscriptions).

**Please submit original copies only.**  All receipts should be taped down on a blank sheet of paper by category.  **Please note that we are only reimbursing up to $23.00/ per day for food. In addition we cannot process reimbursements submitted after 30 days.**

Please mail your reimbursement to:

Sheilynn Brown

Email: svb38@georgetown.edu

3700 Reservoir RD. NW

Washington, DC 20057

ST. Mary’s Hall Suite#335

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address to mail reimbursement:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) for reimbursement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Amount $\_\_\_\_\_\_\_\_\_\_\_\_

Event/Cost Center (leave blank): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_