GT Foundation Reimbursement Form

Date of Event:

Name of Payee:

Amount:  $

Account:

Purpose (ie. Meeting, etc.):

Details of Event (if meeting what was discussed):

Number of Attendees: _____ (if less than 16 people please list below)

1. ______________________
2. ______________________
3. ______________________
4. ______________________
5. ______________________
6. ______________________
7. ______________________
8. ______________________
9. ______________________
10. _____________________
11. _____________________
12. _____________________
13. _____________________
14. _____________________
15. _____________________
16. _____________________

Prepared by:

Date prepared:

Dept. Approval Signature: