



EXPENSE REIMBURSEMENT REQUEST FORM

Date: _____

Pay: _____

Name

Telephone Number: _____

Address

City, State, Zip

Itemize the expenses that you are requesting reimbursement for below and attach receipts or proof of charges for each:

Description of expense incurred	Amount

Total Expenses to be reimbursed: _____
(Maximum reimbursement of \$25)

Grand Rapids Community College will reimburse, on a one time basis, direct deposit employees and/or students, who are verified by GRCC to be on the list contained on the stolen computers up to \$25.00 for expenses incurred in closing bank accounts or obtaining credit reports. The reimbursement is subject to the employee and/or student providing verification of expenses for which they are seeking reimbursement. This reimbursement is being done by the College to promote ongoing goodwill with our employees and students. It is not an admission of responsibility or liability regarding the theft of these computers or the data contained on those computers such liability being specifically denied by GRCC.

Mail this form and your receipts or proof of charges to:
Grand Rapids Community College
Financial Services Department
143 Bostwick NE
Grand Rapids MI 49503

Reimbursements will be processed and checks mailed to the address above within three weeks of receipt by the College.