

LEVERETT HOUSE REIMBURSEMENT REQUEST

First Name: _____ Last Name: _____

E-mail address: _____ Phone: _____

Description of Event: _____

Location of Event: _____

Date of Event: _____

Please list each receipt and amount paid:

Vendor	Description (Food/Supplies/soft drinks)	Total
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have submitted these receipts with one copy attached to the House Office mailbox

I have e-mailed JoAnn at jpdhaas@fas.harvard.edu.

Your reimbursement will be processed as soon as the receipts are received in the House Office. You will be notified via e-mail when reimbursement is ready and the form will be left in the House Office mailbox for you to sign that night.

Please note that all receipts must be submitted within 60 days of purchase to be eligible for reimbursement.