

CAPFAA

REQUEST FOR REIMBURSEMENT/PAYMENT OF EXPENSES

Submitted By: (Print Name) \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Committee: \_\_\_\_\_

Committee Chair Signature: \_\_\_\_\_

Payable To: (Name) \_\_\_\_\_

Send Check To:

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

Nature/Purpose of Expense: \_\_\_\_\_

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

AMOUNT \$ \_\_\_\_\_

RECEIPTS/INVOICES ARE REQUIRED Please return this form with all required signatures and documentation to:

Cary LeGeyt  
Trinity College  
300 Summit Street,  
Hartford, CT 06106  
Phone: 860-297-2045  
Fax: 860-987-6296

TREASURER APPROVAL

Budgeted Expense: YES \_\_\_\_\_ NO \_\_\_\_\_

Check #: \_\_\_\_\_ Date: \_\_\_\_\_ Expense Acct. #: \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_