

EXPENSE REIMBURSEMENT FORM – DICE

(Please email completed form, together with all itemized receipts, to seelai.karzai@dartmouth.edu.)

Name (as it appears on your Dartmouth ID) _____
Student ID Number

Local Home Mailing Address: _____

Phone: _____ Hinman Box: _____ Class Year: _____

Event Title: _____ Event Date: _____

Event Description (Please be specific, providing name and details of event, conference, etc.):

Dates of Travel: _____ Travel Destination: _____

Payment Method: ___Personal Credit Card/Cash ___Cash Advance Exact Amount Spent: _____

I certify that the charges on the attached receipts for the above referenced purpose are accurate and are valid business expenses; and that I am not claiming reimbursement from any other source for these charges:

Signature (Typing your name here serves as your official signature.) Date: _____

Send check to: ___Mailing Address Above ___ Hinman Box



INCOMPLETE FORMS WILL NOT BE PROCESSED (including missing receipts, names, etc.).

Receipts must be itemized and have credit card/specific payment details. Please include a list of people who attended any meeting, luncheon, dinner, travel, etc. We do not reimburse for gas. You may submit mileage for travel using your personal vehicle only if pre-approved by Shawn.

Reimbursement requests for fiscal year July 1, 2021 to June 30, 2022 must be received by June 1, 2022.

**Please email completed form, together with all itemized receipts, to:
seelai.karzai@dartmouth.edu. One event per form.**

Office Use Only

Date Received: _____ Amount of Reimbursement: \$ _____ Approval: _____

Account/Chart String: _____ Date Processed: _____