

# VACUHO

## Request for Reimbursement

Date of Request: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date of Approval: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Individual Requesting Reimbursement: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Mail Check to: \_\_\_\_\_

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

Amount of Check: \$ \_\_\_\_\_

Purpose of Check: \_\_\_\_\_

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

Approval of Executive Council Member: \_\_\_\_\_

(Signature)

### Please Attach Receipts and Forward to:

**Ashley Racine**

Virginia Commonwealth University

Snead Hall, B1100

PO Box 844000

Richmond, VA 23284-4000

Phone: (804) 827-7403

Fax: (804) 828-8203

Email: aracine@gmu.edu

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### For Business Manager's Use

Date Request Received: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Fund Account: \_\_\_\_\_

Date Check Mailed: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Check Number: \_\_\_\_\_