

Expense Reimbursement Request

STUDENT NAME _____ CAMPUS BOX _____

ID NUMBER - REQUIRED _____

PREFERRED PHONE NUMBER _____ EMAIL _____

ADDRESS CHECK SHOULD BE MAILED TO:

STREET: _____

CITY: _____ STATE: _____

ZIP - REQUIRED: _____

REIMBURSEMENT IS FOR: _____ INTERNSHIP _____ EXTERNSHIP
OTHER (PLEASE BE SPECIFIC) _____

DESCRIPTION	AMOUNT
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Travel:

_____	_____
_____	_____
_____	_____

Lodging:

_____	_____
_____	_____

Food:

_____	_____
_____	_____
_____	_____
_____	_____

TOTAL EXPENSES _____

Return with receipts to:

Judy Hull, Center for Career Development
Gettysburg College – Box #425
300 N. Washington Street
Gettysburg, PA 17325