

SEMINARIAN REIMBURSEMENT FORM

****Reimbursement form must include copy of original receipt of payment****

DATE _____

REQUESTED BY _____
(Please Print Name)

Reasons for Reimbursement (Please choose one):

- ☐ Insurance Deductible
☐ Clearance Fees (Completed clearance must be submitted prior to reimbursement)
☐ Expense pre-approved by Director of Seminarians

Expenses (Attach Clearance Results as requested on Application)

Date	Description of Expense	Amount

TOTAL AMOUNT REQUESTED _____

Approved By _____

For Office Use Only:

CHECK# _____ **AMOUNT \$** _____ **DATE** _____

PAID BY: _____