UNIVERSITY OF NOTRE DAME

Hall President's Council

2013-2014 Official Form

Hall Reimbursement Form

Hall Name:_____ Contact Name:_____

Contact Email:_____ Contact Phone:_____

Rector Name:_____ Rector Phone:_____

Event:_____ Event Date: _____ /_____ /_____

Itemized Expenses:

Payee (Company) Name	Expense Description	Amount

TOTAL REIMBURSEMENT REQUESTED $_____

AFFIX A COPY OF ALL RECEIPTS TO THIS FORM