



IFC REIMBURSEMENT FORM

Payee: _____

Date of Program: ____/____/____

Expense Type: _____

Total Amount of Expense: \$ _____

Affiliated Organization: _____ Log #: _____ Log Date: _____

Amount to be Reimbursed: \$ _____

PLEASE TAPE RECEIPTS BELOW (DO NOT USE STAPLES OR GLUE)

OFFICE USE ONLY

Log Date: ____/____/____ Log#: _____ Check#: _____