

**SMITH COLLEGE CLUB OF CLEVELAND
EXPENSE REIMBURSEMENT REQUEST**

Submitted by:

Name: _____
 Address: _____ City: _____ Zip: _____
 Telephone: _____ email: _____

	Date	Vendor	Purpose	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
	TOTAL			

Signature: _____ Date: _____

Return this form to: Betsy Sampliner, Treasurer, Smith College Club of Cleveland, 120 Quail Hollow Drive, Moreland Hills, OH 44022

PLEASE ATTACH ALL RECEIPTS.