

DASC REFUND REQUEST SHEET

Your Name: \_\_\_\_\_

Date: \_\_\_\_\_

Committee: \_\_\_\_\_

General Purpose: \_\_\_\_\_

**Reimbursements (e.g. DASC Copies):**

_____	_____
_____	_____
_____	_____
_____	_____
Subtotal:	_____

**Projects (actual committee purpose):**

_____	_____
_____	_____
_____	_____
_____	_____
Subtotal:	_____

**Travel (gas lodging, etc.):**

_____	_____
_____	_____
_____	_____
_____	_____
Subtotal:	_____

**Grand Total:** \_\_\_\_\_

The same information (committee and type of expense) should also be noted on each receipt and stapled to the form. Be sure to circle the amount on the receipt that you are being reimbursed for.

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Date: \_\_\_\_\_

Committee: \_\_\_\_\_

General Purpose: \_\_\_\_\_

**Reimbursements (e.g. DASC Copies):**

_____	_____
_____	_____
_____	_____
_____	_____
Subtotal:	_____

**Projects (actual committee purpose):**

_____	_____
_____	_____
_____	_____
_____	_____
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**Travel (gas lodging, etc.):**

_____	_____
_____	_____
_____	_____
_____	_____
Subtotal:	_____

**Grand Total:** \_\_\_\_\_

The same information (committee and type of expense) should also be noted on each receipt and stapled to the form. Be sure to circle the amount on the receipt that you are being reimbursed for.

CUT ALONG DOTTED LINES  
- - - - - CUT ALONG DOTTED LINES