DEPARTMENT OF LINGUISTICS AND PHILOSOPHY
FORM TO REQUEST REIMBURSEMENT
& REPORT MIT CREDIT CARD CHARGES

NAME: _____ **DATE:** _____

PLEASE CHECK ONE (AND ATTACH RECEIPTS):

☐ **REQUESTING REIMBURSEMENT – TOTAL:** _____

☐ **REPORTING MIT CREDIT CARD CHARGES – TOTAL:** _____

ITEMS OR SERVICES PURCHASED:

_____

_____

_____

IF THIS WAS FOR AN EVENT, PLEASE PROVIDE THE FOLLOWING DETAILS:

EVENT NAME: _____

DATE OF EVENT: _____ **TIME:** _____

LOCATION: _____

* **IF FOOD AND BEVERAGES WERE SERVED, ESTIMATE THE NUMBER OF ATTENDEES:**

_____**FACULTY** _____**STUDENTS** _____**STAFF**

* **IF FOOD AND BEVERAGES WERE SERVED TO 10 OR FEWER ATTENDEES, LIST EACH PERSON BY NAME:**

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