

HARVARD GRAUDATE COUNCIL

Expense Reimbursement Request

PAYEE INFORMATION:

Name _____
 School of Origin _____

HGC EVENT INFORMATION:

HGC Event Date _____
 HGC Event Description _____

Original Transaction Date	Vendor (Company originally paid)	Expense Description	Total
Grand Total			\$ -

SIGNATURE: _____

TODAY'S DATE: _____

OFFICE USE:

Authorized By _____

Date of Remittance _____

Check Number _____

INTERNAL BILLING:

Division _____

Line Item _____