

# Peer Mentoring Group Reimbursement Form

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

Address for Reimbursement check: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Group # or #'s: \_\_\_\_\_

Amount of Reimbursement Requested: \_\_\_\_\_

Date of Event/Purchase: \_\_\_\_\_

Reason requested (ex: appetizers, pizza, tickets to game, etc...NO ALCOHOL):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Students in attendance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

***\*Please be sure that one facilitator from each group requesting reimbursement signs this form  
For example, if group 2 & 13 want to combine their \$ and group 13's facilitator needs  
reimbursed \$97, then group 13's facilitator should fill out this form, but make sure that group  
2's facilitator also signs it. Questions: [Cynthia.Kenmuir@utoledo.edu](mailto:Cynthia.Kenmuir@utoledo.edu)***