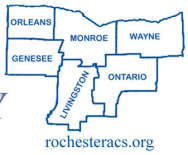
ACS Chemistry for Life®

THE ROCHESTER SECTION of the AMERICAN CHEMICAL SOCIETY



Submit by E-mail

Print Form

PO Box 67103 Rochester, NY 14617 www.rochesteracs.org

Reimbursement Request

Requester's Name:

Request Date:

Program:

Telephone:

If submitting by US Mail, print and send form and receipts to:

Anand Sridhar
336, School of Pharmacy
St. John Fisher College
3690 East Avenue
Rochester, New York 14618
sanand@sjfc.edu

Expenditure Information

Date	Category	Expenditure Description	Payee (who you paid)	Amount

Total Reimbursement Requested:

Mailing Address (include name if other than self):

Comments:

Please be sure to submit copies of receipts, either by US Mail or attaching a scanned image(s) . If you are not the project leader forward this form to the project leader for their authorization.

Authorized By Project Leader - editing is blocked after signing

Authorized By Treasurer:

Treasurer Use Only

Amount Paid	Check No.	Date Sent