

Community Volunteers for International Programs

Request for Reimbursement

Complete the form below. Submit to cvip@isp.msu.edu or mail to:

CVIP Treasurer
427 N. Shaw Lane, Room 300F
East Lansing, MI 48824

Submitted by: _____ Committee: _____

Expense for: _____

	Item	Cost
1.	_____	_____
2.	_____	_____
3.	_____	_____

Total Expense: _____

Make check payable to:

Name: _____

Address: _____

Date: _____

Treasurer's Initials: _____