



Community Support Reimbursement Form

Original receipts are needed for all reimbursements. If receipts are smaller than 8.5x11 please tape them to a full sheet of paper. Reimbursement requests should be mailed to:

RECON
1 Grand Ave, CESaME
Cal Poly, SLO
San Luis Obispo, CA 93407

Name (of person seeking reimbursement):

Address (where the check will be mailed):

City:

State: _____ **Zip:**

Email Address:

Phone number: _____ **Mobile Phone:**

Purpose of Expense (if it was an event, please include the date and approximate number of attendees):

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Community Lead Approval:

Print Name: _____ Date:

Signature: _____