



Reimbursed: Y or N
Overbudget: Y or N
Check Num: _____

INTERACTION REIMBURSEMENT REQUEST FORM

Name: _____ Organization: _____

Contact info (email and phone): _____ Name of Event: _____

Number of Receipts: _____ TOTAL: \$ _____ Date: _____

PLEASE RETURN DIRECTLY TO THE INTERACTON MAILBOX (Max Romano's locker at Taussig College, Locker No. 351 or directly to an InterAction Rep)

EMAIL BOTH InterAction (JHUinteraction@gmail.com) **and** SOURCE (source@jhsph.edu) to notify us that you have dropped off a receipt. Or call SOURCE at 410-955-3880.

REMEMBER TO REPORT THE # OF STUDENT VOLUNTEERS AND THE # OF HRS SERVED. Either email source@jhsph.edu, or report online at: www.jhsph.edu/source/OurStories

Please read in full before submitting a reimbursement request.
(Feel free to cover up the following text with your receipts.)

Only **original** receipts can be reimbursed. Please **TAPE** all receipts beneath the above line on all 4 edges of each receipt. If you have more receipts than room allows, use an additional form. *Circle* all charges to be reimbursed. Do not overlap receipts. Do not use staples. Do not submit copies of receipts.

If this receipt is for food, you must also **attach the sign-in sheet** from your event to be reimbursed.