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**Reimbursement Request**

The purpose of this form is to request reimbursement for expenses payable from a specific Fund administered by the Good Samaritan Foundation.

Guidelines:

* Reimbursements must be requested by the Fund Administrator or team member approved by the Fund Administrator.
* Except in rare cases, all expenses must be paid first from a cost center.

Instructions:

1. Complete all fields in the form below.
2. Attach the required documentation:
   * One of the following from the Decision Support System: General Ledger (GL), Department Variance Report (DVR), or Accounts Payable (AP) Report showing the cost center paid the expense.

\*and\*

* + One or more of the following as available: Invoice, receipt, check request form, purchase requisition, Concur documentation, etc. and credit card statement if applicable.

1. Submit this form and above documentation through one of the following methods:
   * Email to [Lindsey\_Jarvis@trihealth.com](mailto:Lindsey_Jarvis@trihealth.com)
   * Interoffice Mail to Lindsey Jarvis, Good Samaritan Foundation, GSH 4th Floor.

Reimburse Cost Center *Click here to enter Cost Center number and name*

for the following amount: $*Click here to enter amount*

from Fund Name: *Click here to enter Foundation Fund Name*

from Fund Number: *Click here to enter 9-digit Fund Number*

The purpose of the expense is: *Click here to enter description of purpose*.

Requested by: *Click here to enter Fund Administrator name*

Fund Administrator Signature:

(Electronic signature or attaching an email granting approval is accepted)

Fund Administrator Phone: *Click here to enter phone number to be reached for questions*

Date: *Click here and on arrow to choose date*