



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.
3. Submit this form and above documentation through one of the following methods:
 - Email to Lindsey_Jarvis@trihealth.com
 - Interoffice Mail to Lindsey Jarvis, Good Samaritan Foundation, GSH 4th Floor.

Reimburse Cost Center: _____

for the following amount: \$ _____

from Fund Name: _____

from Fund Number (9 digits): _____

The purpose of the expense is: _____

Requested by: _____

Fund Administrator Signature: _____

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

Fund Administrator Phone: _____

Date: _____

Questions? Contact Lindsey Jarvis at 862 1354 or Lindsey_Jarvis@trihealth.com