Good Samaritan Foundation 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 within 30 days of appearing on the Department Variance Report (DVR)
- Except in special cases, all expenses must be paid first from a Cost Center
- Documentation (DVR) showing expenses paid must accompany each request
- Expenses must be highlighted and TOTALLED
- The number of the Cost Center which is being reimbursed must be indicated
- This document must be attached to all completed pertinent documentation

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Please reimburse Cost Center_____ the following amount:
(cost center number that incurred the expense)

_____ from Fund number _____
(total of highlighted amounts) (this will be a nine digit number)

_____.
(Fund Name)

The purpose of these expenses are _____.
(Brief description of purpose)

Requestor: _____
(fund Administrator signature)

Phone # _____ Date _____

Email requests may be submitted by scanning the documentation and submitting as a PDF to lynn_meyer @trihealth.com

Interoffice Mail Address: Lynn Meyer, Good Samaritan Foundation - 4th Floor