



**VOLUNTEER COUNCIL
G-3 GRANT REIMBURSEMENT FORM**

******PLEASE ATTACH ORIGINAL RECEIPTS/INVOICES TO THIS FORM******

This form may be submitted by:

- Mailing or hand delivering to the Volunteer Services Department
 - Campus Box 7600, Memorial Hospital, G-100
- Emailing form to beth.bailey@unchealth.unc.edu

Date:	
Person or vendor to be reimbursed:	
Department:	
Date Merchandise Received:	
Amount to be reimbursed:	
Assigned grant number: (Found on G-4A, Grant Approval Form)	

Where should reimbursement be sent (Choose one)?	<input type="checkbox"/> Mail check to address below. Address:
	<input type="checkbox"/> Contact when check is ready. Phone Number: Email:
	<input type="checkbox"/> Send payment to vendor using address below. Address:

X

Signature

Date Paid:	Check Number:	Approved:
------------	---------------	-----------