

**FUN FUND REIMBURSEMENT REQUEST**

*Top Portion to be completed by student seeking reimbursement:*

**Name of FUN Fund Applicant:** \_\_\_\_\_  
**Student ID #** \_\_\_\_\_

**Name of Person Seeking Reimbursement** *(if different from original applicant):* \_\_\_\_\_  
**Student ID #** \_\_\_\_\_

**Year:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*Please note that only one reimbursement payment will be processed. If multiple people were involved in your FUN, please decide who you would like to be reimbursed and have that person will distribute the funds to the others involved.*

**Campus Mailbox #** \_\_\_\_\_

If you have a direct deposit account set up with Stonehill College, your reimbursement will be deposited into that account. Otherwise, a paper check will be sent to your campus mailbox. If you would like your reimbursement sent somewhere other than your campus address, please indicate where you would like the reimbursement sent *(please note it may take about 2 weeks for the reimbursement to be processed and mailed, so if there is an upcoming break, you may wish to have the reimbursement sent to your home address):*

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Comments/notes/explanations:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***PLEASE ATTACH THIS FORM TO YOUR RECEIPTS AND LEAVE IN FUN FUND DROP BOX AT THE OFFICE OF COUNSELING SERVICES IN THE CHAPEL OF MARY.***

\*\*\*\*\*

*Bottom Portion for official use by FUN Fund Committee:*

Total Budget Approved by Committee: \_\_\_\_\_

Copy of Receipts enclosed? \_\_\_\_\_ Copy of Application? \_\_\_\_\_

Total of Receipts : \_\_\_\_\_

**FUN FUND WILL REIMBURSE STUDENT:** \_\_\_\_\_ **TOTAL**

Approved by: \_\_\_\_\_  
Kelly Fitzgerald , Counseling Services, FUN Fund Committee Chair Date

\_\_\_\_\_  
Pauline Dobrowski, Dean of Students Date