Lifetime Learning Institute

Of Northern Virginia

Reimbursement/Payment Request Form

Committee or Project: _____ Date: _____

Submitted By: _____ Phone: _____

Email: _____

Pay to: Name: _____

Address: _____

_____

For: *List individual Items or Services* *Attach all receipts. Credit card charges or contracts in support of items listed.*	Amount $
TOTAL	
Approved (Print Name): _____ Approved (Signature): _____ *Committee Chair or Board Member in charge*	

Revised: March 2025