Glendale Community College District Retreat Reimbursement Request					TIME / DATE STAMP		
Acct. #		FICE USE ONLY	<u> </u>				
Amnt of Rein	nb.	Requisition #	<u></u>				
				ı (check	cone)	Classified Faculty	
Title (of event)  Name (to repay)				Phone/Campus ext.			
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Division (you wor	k in)	Location (of event )		Emai	1		
List of Expend	ditures						
	What	;			Amount	Method (cash, card, check)	
	1						
	2						
	3		_				
	4						
	5			Total			
			-	s listing	the names	s and total number of attendees	
Submitted by:						Date Submitted	
Approved by:			·				
		Staff Develop	ment Officer			Date Sent	
	use only:	T					
Date	P hone M emo	Notes/Feedback					
			_				