



VOLUNTEER COUNCIL

G-3 GRANT REIMBURSEMENT FORM

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

Date: _____

Person or vendor to be reimbursed: _____

Department: _____ **Amount to be reimbursed:** _____

Address to send check or phone number to call when check is ready for pick-up:

If payment is to a vendor, please indicate address to send the check:

Assigned grant number: (found on G-4A, Grant Approval Form) _____

Date Merchandise Received

Signature

This form may be mailed or hand delivered to: Volunteer Services Department, CB7600, Memorial Hospital, G-100 or emailed to Linda.Bowles@unchealth.unc.edu.

Date Paid: _____ **Check Number:** _____ **Approved:** _____