

REGIS UNIVERSITY

RUECKERT-HARTMAN COLLEGE
FOR HEALTH PROFESSIONS
SERVICE LEARNING

Student Service Learning Project Budget Reconciliation Form

Submit form to: Clare Felletter, RHCHP Service Learning Coordinator (cfelletter@regis.edu / Main 2141) following completion of project.

Student Contact Information (name/phone/email/address):

Course # and Name:

Name of Project:

Name of Facility/Agency/Community Partner:

Event Date:

Event Time:

Total Time to Provide Service/Complete Project:

Head Count (number of people served in this project):

Event Description:

Final Budget:

Final Budget	
Expense Type	Total Cost
Total	

Complete Project Summary Report (One Paragraph) – To be turned in with reimbursement receipts (all receipts must be original – accounting will not accept copies of receipts) and gift cards.

NO LATER THAN TWO WEEKS AFTER THE PROJECT:

Approved By/Date:

For Office Use Only
Amount Granted:

Budget #: