



HARVARD ASDA

AMERICAN STUDENT DENTAL ASSOCIATION

Harvard ASDA Reimbursement Request Form

Please fill out all of the information below regarding your expenses. Once completed, please email the form along with an ORIGINAL itemized receipt to Tyler Haeffs, the HSDM ASDA treasurer, at tyler_haeffs@hsdm.harvard.edu. If approved, a check will be made available to you within 2-3 weeks after submission.

Information

Name _____

Email _____

Event Name _____

Event Date _____

Expense Description

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Total Amount Owed _____

By signing this form, I attest that I have answered all the items in this form truthfully and have attached an original itemized receipt as proof of my incurred expenses.

Signature: _____ Date: _____