



**FIVE COLLEGE LEARNING IN RETIREMENT**

18 Henshaw Avenue, C2  
Smith College  
Northampton, MA 01063

413-585-3756  
5CLIR@smith.edu

**Expense Reimbursement Form**

SUBMISSION DATE \_\_/\_\_/\_\_\_\_

NAME \* \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

| 5CLIR PROGRAM** | EVENT DATE | EVENT NAME | EXPENSE Description | EXPENSE *** |
|-----------------|------------|------------|---------------------|-------------|
|                 |            |            |                     | \$          |
|                 |            |            |                     | \$          |
|                 |            |            |                     | \$          |
|                 |            |            |                     | \$          |
|                 |            |            |                     | \$          |
|                 |            |            | <b>TOTAL AMOUNT</b> | \$          |

\* A W9 form for the payment recipient must be on file at 5College, Inc.

\*\* Winter, Summer, Member Event, other

\*\*\*A RECEIPT FOR EACH EXPENSE LISTED MUST ACCOMPANY THIS FORM