

**Ipswich Refugee Program (IRP)
Reimbursement Form**

Complete this form to receive reimbursement from IRP for preapproved expenses.

Date of Request	
Requestor (name check is to be written too)	
Ship-to address for physical check	
Total amount of request in \$	
Description of request	
Receipt attached (Y/N)?	
Prior to issuing a reimbursement check for more than \$300, the form must be approved by two representatives of IRP.	
Receiving Signature	
Approval Signature	

Receipts may be attached here or as an addendum.