



Maryland Student Legislature

Reimbursement Form

Instructions: Complete and return to the Comptroller. **A Receipt of Purchase or Invoice must be attached or the request is void!**

Full Name: _____

Delegation: _____

School Address: _____

Permanent Address: _____

School Phone: (____) _____

Home Phone: (____) _____

Cell Phone: (____) _____

Email Address: _____

ITEMIZE PURCHASE (If Applicable)

Date	Item	Description	Vendor	Purpose	Cost

Purchase Total without Tax: _____

Signature

Date

APPROVAL

Governor

Date

Comptroller

Date

Nondisclosure Statement: The Maryland Student Legislature, Inc. shall not cause the public release of any personal security information submitted by individuals and/or maintained by the Maryland Student Legislature, Inc. to include identification numbers, personal contact information and identifying personal information but not including individual's name. The Maryland Student Legislature, Inc. may use non-identifying individual information for corporate purposes only.