



Claremont Cash Reimbursement Request

- For students, faculty, and staff who are graduating or leaving The Claremont Colleges
- Checks will be mailed 4-6 weeks after form is submitted

Reason for Claremor	nt Cash reim	ıburseme	nt:					-
Print Name:							_	
Institution: (circle one)	Pomona	CGU	Scripps	CUC	CMC	НМС	Pitzer	Keck
Card Number					_			
Address to mail chec	ck:						-	
Signature							-	
Return this form to the	Card Center,	, 919 N. Co	lumbia Ave.,	Claremont,	CA 91711,	or fax it to (909) 607-786	7.
For office use only:								
College confirmation c	contact:							
Date form received:								
Date confirmation rece	eived:							-
Staff Initials:			Amount Wit	thdrawn:	\$			
RFC processed by/dat	ato.							