Claremont Cash Reimbursement Form

- For Students, Graduate Students, Faculty, and Staff who are graduating or leaving
- The Claremont Colleges
- Checks will be mailed 4-6 weeks after form is submitted
- Please note that by submitting this form we will close your Claremont Cash account thereafter

Reason for Claremont Cash reimbursement:

______________________________________________________________

______________________________________________________________

Print Name: ___________________________ Phone Number: ___________________________

Institution: (circle one) Pomona CGU Scripps CUC CMC HMC Pitzer Keck Library

Card Number: ___________________________

Address to mail check:

______________________________________________________________

______________________________________________________________

Signature: ____________________________

Return this form to the Connection, 800 N. Dartmouth Ave, Claremont, CA 91711, or fax it to (909) 607-7867. You may also email this form to connection@cuc.claremont.edu

For office use only:

Date form received: ___________________________

College confirmation contact: ___________________________

Date confirmation received: ___________________________

Staff initials: ___________________________ Amount Withdrawn: __________________________ $

RFC processed by/date: ___________________________

The Claremont Colleges SERVICES