Library Card Reimbursement Request

Prior to purchasing a local library card, please contact Dorothy Hargett at 757-352-4152 (dorohar@regent.edu) for information on reimbursement.

Student Name: _______________________________________
Telephone: (___)______-__________
Address: _____________________________________________
_____________________________________________
_____________________________________________
Email: ___________________@_____________________
School: ________________________________________
Cost of Library Card: $______________
Date of Purchase: _____/_____/_____

PLEASE ATTACH YOUR RECEIPT OF LIBRARY CARD PAYMENT to this form and mail both to:

Mrs. Ellen Cox, Library Budget Manager
Regent University Library
1000 Regent University Drive
Virginia Beach, VA 23464

You may also fax the form and the receipt to Ellen at (757) 352-4167.

A reimbursement check will usually be mailed within two weeks of receipt of this form and your receipt.

If you have questions about your reimbursement, please contact Ellen at (757) 352-4170 or email ellecox@regent.edu.

FOR STAFF USE ONLY:

Date received: _____/_____/_____
Registration verified: _____/_____/_____
Reimbursement check mailed date: _____/_____/_____
Special Notes: _________________________________________________________________________