

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: _____