

Summer Intern Student Book Reimbursement Form

Date			
Student Name			
Address			
City	State	Zip	
Phone	_		
CCC Student Number			
Academic Semester	Year		
Course for which you purchased book	i.		
	V-9. (Student's nam	e, SSN, home ad	rse by your third party sponsor. If you dress and signature is required). Click
You will need to indicate on the receip and handling charges are not reimbursab	costs of the item(s), ot(s) what the items a ble. Please make copie	sales tax (if applare as it relates to es of your reimbur	e purchasing online via an Internet icable) and shipping charges is required to the syllabus. Sales tax and/or shipping rement request including your receipts for e student what is considered reasonable for
Please attach your original receipt(s) to Summer Intern Book Reimbursements, 6 44115-2878. In response to Covid 19, y	Cuyahoga Community	y College, 700 Ca	
The final dates for supply reimbursemen	nt requests are June 25	5th for Summer.	
Signature of Student			