

# Blue Ridge Partnership for Health Science Careers

## *Process for expense reimbursement*

**\*Prior to undertaking the expense, please verify that it is eligible and will be reimbursed by the Partnership**

### **Required documentation**

- Invoice directed to the Blue Ridge Partnership for Health Science Careers that contains:
  - ✓ Name of agency requesting reimbursement
  - ✓ Address
  - ✓ Date
  - ✓ Contact name, email address, and telephone number
  - ✓ Detailed description of each expense and amount
  - ✓ Total amount requested
  - ✓ Proof of purchase of and payment for items for which reimbursement is being sought (see below)
  - ✓ Submit within 30 days of incurring expense
  
- Credit card purchases:
  - ✓ Receipt from vendor indicating merchant's name, detail of items purchased, purchase date, and amount
  
  - Or
  - ✓ Monthly credit card statement (when a detailed receipt is not available) along with an invoice indicating the merchant's name, detail of items purchased, purchase date, and amount
  
- Check/ACH purchases:
  - ✓ Invoice from vendor indicating merchant's name, detail of items purchased, purchase date, and amount (required)
  - ✓ Bank statement or photocopy of cancelled check (front and back) indicating the cleared check for the payment to vendor

**Submit reimbursement information (via email)/direct questions to:**

**Anna Millirons  
Carilion Clinic  
[asmillirons@carilionclinic.org](mailto:asmillirons@carilionclinic.org)  
540-224-5451**