Grant recipients have up to 18 months to request reimbursement unless alternative arrangements have been made. Receipts or other documents showing the amount and purpose of your expenditures are required.

|  |  |
| --- | --- |
| Date |  |
| Name |  |
| Health System |  |
| Project Name |  |
| Amount of Reimbursement Requested |  |
| Payee name and address *(please provide your most recent W9 when submitting expenses)* |  |
| Corporate Risk Manager Name and Address *(include address if different from above)* |  |
| Share how these expenses have moved the grant project forward. | |

Send this completed request, receipts supporting these expenses, and your most recent W9 to Mary Danner, Senior Risk & Patient Safety Consultant, [mary\_danner@premierinc.com](mailto:mary_danner@premierinc.com).