

Request for Reimbursement
Non-Travel and Non-Business Meal Reimbursements

Name: _____

Home
Address: _____

Itemized receipts are required for all reimbursements. Tax can only be reimbursed up to \$10. All expenses must be submitted to the business office within 60 days of the expense.

Date of Expense	Description of Item(s)	Vendor	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			Total \$ _____

Purpose and Benefit of this purchase to the mission of the university.

Be specific. A general and broad statement will not be accepted.

Amount of Reimbursement \$ _____ Cost Center to Charge: _____

Signature of Payee

Date

Signature of Supervisor

Date