



# REIMBURSEMENT REQUEST FORM

Date: <input style="width: 90%;" type="text"/>	Charge to Grant: <input style="width: 95%;" type="text"/>	Total Amount: <input style="width: 90%;" type="text" value="\$"/>
Payable To: _____		
CHOOSE ONE: <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Mail Check (must provide address)		
ADDRESS: _____ _____		
Description and Purpose of Items Purchased: _____ _____ _____ _____		
By signing below, I certify that the expenses claimed were incurred by me on official University business on the dates shown and I have attached original receipts for each expenses as required by University policy.		
Signature: _____ (Person incurring expense)		
Signature: _____ (PI on Grant)		
<p><b>Please attach all <i>original</i> receipts</b></p> <p><b><u>Please make sure all of your receipts and packing slips are marked as received!</u></b></p>		

<b>If purchase included refreshments/meals, please provide the following information:</b>	
Purpose of Event:	_____
Date & Location:	_____
Number of Participants:	_____
Guests Included:	_____
Host of Event:	_____
<i>Please include copy of event announcement or guest list, if applicable</i>	