

## REIMBURSEMENT REQUEST FORM

**DO NOT** use this form for travel or entertainment (food) expenses, or for service payments.

Request Date: \_\_\_\_\_

Payee Phone: \_\_\_\_\_

Payee Name: \_\_\_\_\_

Payee Email: \_\_\_\_\_

SID/EID: \_\_\_\_\_

Type of Expense to be Reimbursed:	<input type="checkbox"/> Books	<input type="checkbox"/> Office Supplies	<input type="checkbox"/> Subscriptions	<input type="checkbox"/> Memberships
	<input type="checkbox"/> Copying Cost	<input type="checkbox"/> Software	<input type="checkbox"/> Computer Supplies	<input type="checkbox"/> Other (Explain) _____

Business Purpose of Item(s) to be Reimbursed:

Description of Item(s) Purchased (can be grouped according to type, e.g., Books, Copies, etc.)	Total Cost
<b>Total Amount to Reimburse (will be automatically calculated):</b>	\$ _____ -

Acct Name/Fund Source: \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For office use only (Form preparers: do not complete this section):**

Approval is required for the above item(s): \_\_\_\_\_

Department Chair: (write name here) \_\_\_\_\_ Date: \_\_\_\_\_

Dean, Social Sciences, L&S: (write name here) \_\_\_\_\_ Date: \_\_\_\_\_