

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
Total Amount to Reimburse (will be automatically calculated):	\$ _____ -

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: _____