SOCIOLOGY
REIMBURSEMENT REQUEST FORM

Please use this form for the reimbursement of supplies and expenses (materials) only.
DO NOT use this form for reimbursement of travel or entertainment (food) expenses.

Payee Name: _____ **Request Date:** _____

Payee Email: _____ **Employee/Student ID:** _____

Detailed business purpose *(REQUIRED):*

Description of item(s) purchased (can be grouped by type, e.g. books, copies, etc.):	**Cost**
Total amount to be reimbursed (will automatically be calculated)**:**	$ 0.00

Account Name/Fund Source: _____

Chartstring: _____

I certify that the above is a true statement, that the expenses claimed were incurred by me on official University business, and that I have attached original receipts for each expense, as required by University policy.

Payee signature: _____ Date: _____

Department approval: _____ Date: _____

For Administrative Office Use ONLY for Exceptional Approvals:

Chair approval: _____ *Date:* _____

Dean approval: _____ *Date:* _____