

Reimbursement Worksheet

(Not for travel)

Payable to: _____

Date: _____

Email: _____

Grant/Fund: _____

Phone/Ext: _____

PI: _____

EID #: _____

Department: _____

Description of expense(s):	Date Purchased:	Amount:
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Is this for?

- Supplies
- Fabrication

- Alcoholic Beverages
- Food/Meals (include list of attendees)

Total Reimbursement Amount: _____

Notes or special instructions:

Corporate Credit Card# (only if used): _____

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

Payee's Signature

Date