



General Reimbursement Request Form

Please note: items NOT allowed for reimbursement (iPads, iPhones, earbuds over \$100)

***Original ITEMIZED receipts are required for reimbursements**

Employee's Information

Full Name: _____

Email: _____

PAB PI or Fund covering expense: _____

Date Request Submitted: _____

Phone Number: _____

UID: _____

Expense Requested for Reimbursement

Date: _____

Vendor: _____

Total costs: _____

Business Justification (be sure to explain why you had to pay for the costs up front and not through the department and the purpose of the expense):

Employee's Signature

Date

INTERNAL REFERENCE ONLY:

Loc	Account	CC	Fund	Project	Source
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Name of Proxy: _____

Date TR Submitted: _____