Request for Reimbursement

Reimbursement is for: ☐ **Entertainment** ☐ **Supplies**

Budget Code/Dept Fund/Grant/Other: _____

Name/Host: _____

Event/Purpose: _____

Date(s): _____ **Number of people in attendance:** _____

Amount: $ _____

List Names Below:

Supplies

Description and PURPOSE of item(s):

_____
_____
_____

Reason purchase was made rather than PS/Math Purchasing System.

_____
_____
_____

I Certify that the above is a true statement, that the expenses claimed were incurred by me for official University Business, and pursuant to Purchasing Policy, I understand that this should have been paid by PAL Card or a Purchase Order.

Signature: _____

PI Signature: _____

Please Include ALL ORIGINAL RECEIPTS including ITEMIZED RECEIPT AND RECEIPT SHOWING PAID

PRINT