

REQUEST FOR RE-IMBURSEMENT OF EXPENSES

Instructions: Original receipts for purchases must be attached to request. Request must be signed by Department Head before forwarding to Business Services

Check here if Re-imburement check is to be held for pick up:

Requests must include all of the following information to be processed.

Requestor's Name _____
 Requestor's Address _____
 City/State/Zip: _____
 Phone Number: _____
 ID Number _____

Account Number(s) to be charged

Account Number	Account Title	Amount

Purchase Information: Sales tax will not be re-imbursed for state purchases

Vendor	Description	Re-imburse/Amount

Total Re-Imbursement: \$ _____

Department Head Signature: _____

Procurement Officer Signature: _____

Vice President Officer Signature: _____