



Reimbursement Request

DATE: _____

ACCOUNT/SUB: S/4901103-STUSG

PI/SUPERVISOR: L. Thao

TOTAL OF RECEIPTS: \$ _____

REQUESTER'S NAME AND SIGNATURE: _____

Policy PPM 350-21: Acquisition of products or services on behalf of the University *requires approval before the purchase is made*. Approved purchasing processes ensure that all approvals are properly documented, the University receives the lowest overall cost, and meets the requirements of University Policy, State and Federal Codes, and funding sources. All purchases must be appropriate for University use from a legally qualified vendor.

There is a \$500.00 limit for reimbursements.

- Instructions:
- 1) For use when requesting a reimbursement for authorized purchases that you have made.
 - 2) Staple or scotch tape the receipt(s) to this form.
 - 3) Enter a description of the items/service purchased - use extra paper if needed.
 - 4) If receipts are lost, you MUST complete the Declaration of Lost Evidence (page 2)

DESCRIPTION: _____

PAYEE NAME: _____

PAYEE ADDRESS: _____

EXPLANATION: _____

FOR OFFICE USE ONLY

PI/SUPERVISOR SIGNATURE: _____

DATE: _____

COMPLETED BY: L. Thao

DAFIS DOC NUM: _____