

REIMBURSEMENT REQUEST (NON-TRAVEL EXPENSES)

(FOR NON-EMPLOYEES, a W-9 form MUST be included with Form)
(Foreign Nationals will require further forms)

Date Submitted: _____

(Reimbursements can NOT be over 6 months old, regardless of funding)

Last Name: _____ **First Name:** _____

Social Security # (NOT University ID): _____

Passport # if no Social Security: you must include a copy of passport & Visa type with form.

Department: _____

Purpose of Expenditure (be specific- if Colloquium which one:

If meal, list of attendees and DATE of event (you may attach list):

Complete Address (Check to be mailed to):

Street _____

City _____ State _____ Zip Code _____

Amount of reimbursement (per receipt, if more than one):

1. _____ 2. _____

3. _____ 4. _____

Total amount: _____

Funding Source (example- DRIF, Name of Foundation): _____

Department Approver's name: _____

Requestor's Signature: _____

Please attach ITEMIZED ORIGINAL RECEIPTS and Proof of Payment.