Reimbursement For Purchases

School Of Law

Information of Reimbursement Recipient

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

_____	_____	_____	_____	_____	_____
FUND	DEPT-ID	PROG	ACTIVITY	CLASS	PROJECT

Expense #1

Date: _____ ACCT CODE: _____

Business Purpose: _____

Business Location: _____

Guest/Attendees: _____

Subtotal 1st Claim: _____

Expense #2

Date: _____ ACCT CODE: _____

Business Purpose: _____

Business Location: _____

Guest/Attendees: _____

Subtotal 2nd Claim: _____

Expense #3

Date: _____ ACCT CODE: _____

Business Purpose: _____

Business Location: _____

Guest/Attendees: _____

Subtotal 3rd Claim: _____

TOTAL REIMBURSEMENT: [_____]

Recipient Signature: _____ Date _____

By signing this form, you are verifying that all items listed above are business related

Approval Signature: _____ Date _____

Print name: _____ Phone #: _____

Once this form is COMPLETED, PRINT IT, SIGN IT, APPROVE IT and attach all required ORIGINAL receipts.
Personal or nonreimbursable items on receipt should not be listed on this form.