

U of U
Tax Exempt#
20203

Reimbursement Request Form

Department of Mechanical Engineering

Not to be used for travel expenses nor conference registration

U of U
Tax Exempt#
20203

Date: _____

PLEASE PRINT LEGIBLY

Name: _____

E-mail & Phone: _____

Design Project Name & Class & Chartfield: _____

Authorized by: _____
(Please print name)

Authorized by: _____
(Faculty signature required)

Reimbursement Check: (please check one)

____ Under \$1,000 (Limited Purchase Check)

____ Over \$1,000 (Check Request)

ALL REIMBURSEMENTS TAKE A
MINIMUM OF 48 HOURS!

*If this is a meal reimbursement:

- Itemized receipt of the food purchased is required
- Describe business purpose meal: _____
- # of attendees: _____ (If less than 11 attendees; list names of attendees on back of form)

SSN: _____ or University ID: _____
*(Required for Non-U of U students/staff.) (Optional for U of U students/staff)

*SSN Preferred for U of U students/staff for faster reimbursement.

*Non - U of U students/staff will need to complete a W-9 for reimbursement.

Specify Appropriate Action:

____ I want to pick up the check

____ Mail check to the address listed below

Pay to the order of: _____

Address: _____

City, State, Zip Code: _____

Phone: _____

Fax: _____

Purchased Items:

Vendor Name (for each receipt)	Receipt Total w/o tax *Including Shipping
(Use Back If Necessary)	

Sales Tax will not be reimbursed-Tax Exempt # 1187443-002-STC Total

Please attach original receipts; Copies will not be accepted

Incomplete forms will cause a delay in reimbursement processing