

Reimbursement Request

Original Itemized Receipts Required

REIMBURSEMENT WILL NOT BE SUBMITTED WITHOUT A MEMO OF EXPLANATION STATING THE REASON FOR THE PURCHASE AND WHY IT WAS NOT DONE THROUGH THE DEPARTMENT

Date:		
Payee Name:U of Utah ID:	U of Utah ID:	
Faculty Advisor (please print)		
Class/Team Name & Number:		
Chartfield: 01 - 00068 (Fund) (Activity of	project)	
The PAYEE SIGNATURE is required for all employee/student reimbursements, and must include a readable print of their name, uNID/EmplID, and email address.		
I certify that these expenses were actual, necessary, reasonable and incurred for official business of the University of Utah and that no portion of this claim was provided free of charge, previously reimbursed from any other source, or will be paid from any other sources in the future.		
PAYEE SIGNATURE DATE		
Authorized by Faculty Advisor:(Faculty signature required)		
(Faculty signature required	(Faculty signature required)	
Non – U of U students and staff will need to complete a W-9 for Please Check One: - I will pick up the Check. - Mail the check to the Name:		
Address:		
City, State, Zip Code:		
Phone: 1 – () - EXT - Fax: 1 – ()		
Missing or incomplete forms can cause a delay in processing. Please include your proof of payment (Cash Receipts, Credit Card Statements).		
Meal Reimbursement Requirements:		
Description of meal purpose:		
 Number of attendees: (If less than 11 attendees; list the names of all attendees on the back) 		
 An Itemized receipt of the food purchased is required. 		
Sales Tax Will Not Be Reimbursed		
Vendor Name - (Each receipt)	Receipt Total w/o Tax	
` ',	•	
Total		