

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:			_
	U of Utah ID:		
Email:	Phone:		
Faculty Advisor (please p	rint)		
Class/Team Name & Num	oer:		
Chartfield: 01 - 00068	(Fund)	(Activity or	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 we of Utah and that no portion of this will be paid from any other source	claim was provided free of		
PAYEE SIGNATURE	DATE		
Authorized by Faculty Advisor:			
	(Faculty signature required)		
Non – U of U stud Please Check One: - I wil Name:	· · -	- Mail the check to the	
A alalua a a .			
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 Req	uirements:		
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			
Vendo	or Name - (Each receipt)		Receipt Total w/o Tax
		Total	