U	Reimbursement Request	
THE UNIVERSITY OF UTAH Original Itemized Receipts Required		
DEPARTMENT OF MECHANICAL ENGINEERING	Submit form and itemized receipts to accounting the second s	ng@mech.utah.edu
Date:		
	U of Utah ID:	
Email:		
Faculty Advisor (please pr	int)	
Class/Team Name & Numb	er:	
Chartfield: 01 - 00068 -	(Fund) (Activity or	project)
<u> </u>		projecty
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:		
(raculty signature required)		
Non – U of_U students and staff will need to complete a W-9 for reimbursement.		
Please Check One: 🔲 - I will pick up the Check. 🗌 - Mail the check to the address below.		
Name:		
Address:		
City, State, Zib Code:		
Phone: <u>1 – () – EXT –</u> Fax: <u>1 – () –</u>		
Missing or incomplete forms can cause a delay in processing.		
Please include your proof of payment (Cash Receipts, Credit Card		
Statements).		
Reason for not using the d	epartment purchasing process:	
-		
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. 		
An itemized receipt of the lood purchased is required.		
Sales Tax Will Not Be Reimbursed		
Vendo	r Name - (Each receipt)	Receipt Total w/o Tax
		-

Total