

Physics Department Reimbursement Request

DATE: _____

MAKE CHECK PAYABLE TO: _____

(Full Name of Claimant): **First Name** **Last Name**

REMIT TO ADDRESS: _____

PURPOSE FOR EXPENSES INCURRED: _____

Date	Vendor	Expense Description/Restaurant Name	Amount

TOTAL REIMBURSEMENT AMOUNT \$ _____

CLAIMANT SIGNATURE: _____ DATE: _____

CHARGE TO:

Project Number-Phase	Account-Code	Percent %	Amount

APPROVED BY:

_____ DATE: _____

PI/Dean/Department Head (Print)

PI/Dean/Department Head (Sign)



Deliver completed form and all Original Receipts to the Physics Main Office (421 Riddick Hall)