

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)