



# Reimbursement Request

Invoice:  
Invoice Date:  
Supplier Name:  
Supplier Address:

<b>Invoice Verification</b>	
Voucher# _____	Initials/date
Invoice Received _____	
Goods/Services Received _____	

Business Purpose for Item(s)/Service(s)/Honorarium(s):

Project-Phase	Account	Description	Amount
			Total: 0 _____

*I certify that this request is true, accurate and acknowledge that reimbursement meets requirements of [REG 07.05.01](#), Payments – Documentation Requirements for Expenditures.*

_____ Recipient Name (print)	_____ Signature	_____ date
_____ Paul Huffman	_____ Department Head Approval (if required)	_____ Signature
		_____ date