

NON-TRAVEL Reimbursement Request for Employees and Students

Name of person to be reimbursed: _____

UIN# _____ Is this person a Foreign National? Yes No
 (The UIN is the 9-digit purple number from i-card.)

Date: _____

Items Purchased and Purpose:

Amount and Account Information

\$ Amount or % if splitting funds	Provide the following if known:			Description of funds if account no. not known	Form Prepared By Please sign or initial here
	Fund	Org	Program		

 Total Amount Requested

If you are requesting reimbursement for food or beverages, please complete this section:

a. Please identify the function, date, and bona fide business purpose of the event:

b. Attendee information:

20 or fewer people attended.

The University requires a list of the names of the attendees and their affiliations. Please provide this on the back (page 2) of this form or as an attachment.

More than 20 people attended.

The University requires an approximate number and general summary of the number of people and their affiliations (students, faculty, donors, etc.) Please provide this in the space below, as an attachment, or on the back (page 2) of this form.

Please attach a detailed receipt for each item to be reimbursed.