

**REQUEST FOR REIMBURSEMENT OF OUT-OF-POCKET EXPENDITURES
(Non-Travel)**

Person to be reimbursed: _____ Email: _____

Current Mailing Address: _____

UFID#: _____

Vendor	Items Purchased	Amount

Total to be reimbursed: _____

(Please remember to sign your receipts.)

State Vehicle # _____

Boat Name/Number _____

DeptID _____

Fund code _____

Program code _____

Source of Funds _____

Project # _____

UFID of account holder _____

CRIS # _____

<p>For Office Use Only: ER# _____</p>

Benefit to Grant/Project or Benefit to UF:

Approved by: _____

Faculty signature