

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

Name of Person to be reimbursed: *ex. John Smith*

Current Mailing Address:

UFID#: *ex. 1234-5678*

Vendor	Items Purchased	Amount
<i>Ex. Walmart</i>	<i>Ex. Plastic containers</i>	<i>Ex. \$10</i>
<i>Ex. Office Depot</i>	<i>ex. paper</i>	<i>Ex. \$5</i>
		<i>Ex. \$15</i>

Total to be reimbursed:

Fund code _____

Program code _____

Project code _____

Justification: _____

Approved by: _____

Faculty signature