Phelps Administrative Support Center (PASC)
Reimbursement Request Form

***Please attach original receipts (tape small receipts to blank sheets of paper) showing clearly amount paid and method of payment***

Date: ____________________

Name: ____________________
(please print)

Funding Source or Account Name: ____________________

Description and Purpose of Item(s) purchased:

____________________

____________________

____________________

Item(s) Purchased from: ____________________

____________________

Amount: $ ___________ Tax Paid on purchase(s): $ ___________

Signatures

I, certify that the above is a true statement, that the expenses claimed were incurred by me on official University business on the dates shown, and that I have attached original receipts for each expense as required by University policy.

Payee’s Signature/Date ____________________ Authorizing Signature/Date ____________________ (optional) Addtl. Authorizing Signature/Date ____________________

Print Name and Title ____________________ Print Name and Title ____________________ Print Name and Title ____________________

*** All fields of form must be completed ***

Incomplete forms will NOT be processed and will be returned.