

Non-Travel Reimbursement Request Form

ATTACH ORIGINAL RECEIPTS

NOTE: If your claim is over \$100 you may not be approved for reimbursement.

YOUR NAME: _____

DATE: _____

PURPOSE OF PURCHASE: _____

TOTAL AMOUNT CLAIMED: _____

NAME OF SUPERVISOR: _____

SUPERVISOR'S SIGNATURE: _____

FUNDING TO BE CHARGED: _____

For Office Use Only:

FAU _____

ANALYST APPROVAL: _____