DR #_____
(from iExpense)

REIMBURSEMENT FORM

Please describe each expenditure and attach receipts for approval.

NAME: _____ **EMPLOYEE ID#:** _____ **DATE:**_____

ADDRESS: _____ **VENDOR #**_____

UNIT: _____ **BUDGET CLASSIFICATION:** _____

Receipt Date	Vendor Name on Receipt	Purpose of Expenditure	Amount
		Total	**$**

Signed: _____ **Date:** _____

Approved: _____ **Date:** _____

Data should be entered through iExpense by the school/unit. For expenditures of $500 or more, please retain a copy of this completed form and all receipts and send the originals to Debra Macklin in Procurement and Contracts on the 10th Floor for final approval and reimbursement. The DR number should be included on this form.