Reimbursement Request

Original Itemized Receipts Required

REIMBURSEMENT WILL NOT BE SUBMITTED WITHOUT A MEMO OF EXPLANATION STATING THE REASON FOR THE PURCHASE

Date: _____

Payee Name: _____ **U of Utah ID:** _____

Email: _____ **Phone:** _____

Faculty Advisor (please print)

Chartfield: 01 - 000659 - _____ **(*Fund*) -** _____ **(*Activity or project*)**

The PAYEE SIGNATURE is required for all employee/student reimbursements, and must include a readable print of their name, uNID/EmplID, and email address.

I certify that these expenses were actual, necessary, reasonable and incurred for official business of the University of Utah and that no portion of this claim was provided free of charge, previously reimbursed from any other source, or will be paid from any other sources in the future.

PAYEE SIGNATURE_____ **DATE**_____

Authorized by Faculty Advisor:_____

(*Faculty signature required*)

Non – U of U students and staff will need to complete a W-9 for reimbursement.

Please Check One: ☐ **- I will pick up the Check.** ☐ **- Mail the check to the address below.**

Name: _____

Address: _____

City, State, Zip Code: _____

Phone: 1 – ( ) - **EXT -** **Fax:** 1 – ( ) -

Missing or incomplete forms can cause a delay in processing.

Please include your proof of payment (Cash Receipts, Credit Card Statements…).

Meal Reimbursement Requirements:

- **Description of meal purpose:** _____
- **Number of attendees:** _____ **(*If less than 11 attendees; list the names of all attendees on the back*)**
- **An Itemized receipt of the food purchased is required.**

Sales Tax Will Not Be Reimbursed

Vendor Name - (*Each receipt*)	Receipt Total w/o Tax
Total	