

Non-Employee Expense Reimbursement

You must complete a Vendor Authorization and Substitute W-9 tax form before payment can be processed.

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

EXPENSE JUSTIFICATION: You *must* answer the following before reimbursement will be processed.

Who (will be affected/benefited by this purchase) _____

What (was purchased if not clearly specified below) _____

Where (was purchase made/are the items located) _____

Why (was this purchase necessary) _____

How (does this purchase benefit account being charged) _____

*****ATTACH ALL ORIGINAL RECEIPTS AND SUBMIT TO: 1100D MECHANICAL ENGINEERING*****

Date	Vendor Name	Total	Detailed Description (Use as many lines as necessary)
Grand Total:			

PI
Signature: _____ **Empl ID** _____ **Date** _____

Fund _____ **Dept ID** _____ **Program** _____ **Project** _____

Accounting Use Only

Account _____ **CF1** _____ **CF2** _____ **Cost Share** _____