



ECE and SoC Senior Design Reimbursement Form.

STUDENT: _____ **myWSUID:** _____

Has received approval for the below purchases and should be reimbursed by ECE/SoC accordingly.

PURCHASE DATE	VENDOR	ITEM	TOTAL \$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
	Total expenses for reimbursement: \$		\$

Students Signature:

Date:

Authorized Signature:

Date:

ECE/SoC Senior Design Instructor

