

Reimbursement (Non-Travel) Form

Purchaser Name: _____ ID: _____ UI Employee

E-mail Address: _____ Date: _____

Vendor (Please limit to one vendor per order form): _____

INDEX NUMBER	ACTIVITY CODE

Billing & Shipping Information:

Engineering Finance
University of Idaho
875 Perimeter Drive
MS 0905
Moscow, ID 83844-0905
engr-finance@uidaho.edu

ITEM#	QTY	UNIT	DESCRIPTION	COMM. CODE	UNIT COST	TOTAL COST

Description of Purchase: _____ SUBTOTAL: _____

_____ SHIPPING: _____

_____ TOTAL: _____

The following items may not be purchased: Alcohol Beverages, Controlled Substances, Ammunition, Weapons, Food, Water, Entertainment, Gifts, Hospitality Expenses (food/flowers/plants) Household Moving Expenses, Decorations, IKON Consulting Fees, One Time Services, Independent Contractors, Radioactive/Hazardous Materials, Personal Items, Utilities/Cellular phone charges, On-campus purchases. THIS ORDER IS EXEMPT FROM IDAHO STATE SALES TAX. THIS ORDER IS EXPRESSLY LIMITED TO A MAXIMUM OF \$5000.

Chair/Director/Advisor Authorizaton

Printed Name: _____

Signature: _____ Date: _____

Return completed form and provide copy of invoice/receipt to engr-finance@uidaho.edu