

**EMPLOYEE REIMBURSEMENT REQUEST****EMPLOYEE INFORMATION**

DATE REQUESTED: _____ DEPT / DEPT #: _____ TYPE: EMPLOYEE STUDENT DCC

EMPLOYEE NAME: _____ EID/STUDENT ID#: _____

DETAILED RESEARCH/BUSINESS PURPOSE & JUSTIFICATION:**EMPLOYEE EXPENSE CLAIM**

ITEM DESCRIPTION	AMOUNT	SALES TAX	TOTAL AMOUNT W/SALES TAX	Acc Number. Sub-Account #####.#####	SO UNIT	OBJECT CODE	TAX EXEMPT Y/N
TOTAL:							

COMMONLY USED OBJECT CODES REFERENCE:

4110 PUBLICATIONS	5540 MEMBERSHIP DUES
4620 SOFTWARE	5610 SUBSCRIPTIONS
4840 COPY CHARGES	5890 DEPARTMENT BOOKS
5150 COMPUTER SUPPLIES	5760 COMPUTER PERIPHERALS
5170 BUSINESS MEETING EXP.	
5180 EDUCATION SUPPLIES	
5230 OFFICE SUPPLIES	
5290 RESEARCH SUPPLIES	
5490 OPERATING SUPPLIES	
5520 CONFERENCE REGISTRATION	

SHIPPING

HANDLING

Shipping & Handling
(If Combined)

TOTAL REIMBURSEMENT: _____**5560****3880****3880****ASSET INFORMATION****TAG REQUEST FORM ATTACHED**

RESPONSIBLE PERSON		MODEL/SERIAL		BLDG/ROOM	
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MEETING INFORMATION**MEETING AGENDA ATTACHED**

MEETING/EVENT DATE:				LOCATION:			
MEETING TITLE / AGENDA:							
ATTENDEE	AFFILIATION	ATTENDEE	AFFILIATION	ATTENDEE	AFFILIATION	ATTENDEE	AFFILIATION

FUNDING APPROVAL**EMAIL APPROVAL ATTACHED**

PI / CO-PI / DELEGATE SIGNATURE _____

DATE _____

PAYEE SIGNATURE**EMAIL APPROVAL ATTACHED**

I HEREBY CERTIFY BY MY SIGNATURE THAT THE EXPENSE REIMBURSEMENT REQUESTED IS FOR BONA FIDE UNIVERSITY OF ARIZONA BUSINESS PURPOSE AND HAD NOT BEEN PAID VIA THE UNIVERSITY OF ARIZONA PCARD NOR HAS BEEN PREVIOUSLY REIMBURSED AND ANY SERVICES OR EQUIPMENT PURCHASED SHALL REMAINTHE PROPERTY OF THE UNIVERSITY OF ARIZONA.

PAYEE SIGNATURE _____

DATE _____