

WEC OUT OF POCKET REIMBURSEMENT FORM (NON-TRAVEL)

Use this form to request a Reimbursement of Out of Pocket Expenditures that is not related to travel.

Please return the completed form and receipts to WECFiscal@ifas.ufl.edu

SECTION 1 THE FOLLOWING ARE ALLOWABLE AS EMPLOYEE REIMBURNSEMENTS

1. Allowable purchases total **less than \$50.00**.
2. Allowable business hosting expenses. This includes all food purchases, luncheons, retreats, and entertainment.
3. In an emergency or when traveling for the University, it may become necessary for a faculty/staff member to pay for materials or services from their personal funds with the expectation that they will be reimbursed by the University for the purchase.
4. Licenses, dues, memberships and submission of research papers/payment for review services.
5. Whenever a PCard is not accepted by the vendor.

SECTION 2 INVOICE INFORMATION

Requestor
Name: _____ Date: _____ UFID: _____

SECTION 3 CHARTFIELD TO CHARGE

Dept ID	Fund	Program	CRRNT/CYFWD	Project # or Name	Flex Code	CRIS	Funding Notes

Explanation for purchasing Out-of-Pocket. [Please explain in detail below:](#)

Benefit to UF/Project – How does this purchase benefit the chartfield you are charging above? [Please explain in detail below:](#)

SECTION 4 REIMBURSEMENT LINE ITEMS

Vendor Name	Qty	Description	Date of Purchase	Total

Notes: *Please provide any additional information, if needed:*

Requestor
Signature: _____

PI/Faculty
Signature: _____

<https://administrativememo.ufl.edu/2017/04/new-employee-reimbursements-policy/>

<http://www.fa.ufl.edu/departments/disbursements/>