REQUEST FOR REIMBURSEMENT

	Business	office use only
PC	,	
XR		
Rece	eived Date	
Rece	eived Date	

DEPARTMENT OF AERONAL	JTICS & ASTRONAUTICS		XR Received Da	ate
Person Requesting Reimburseme	nt:	Phone: _		
		Email address:		
Budget Number	Budget Title:	PCA (CODE:	999
Principal Investigator or Approve	d Signature:			
Are you a UW employee? Yes	s 🗌 No			
cash request. Direct Deposit will be lf No : Reimbursements may not e	t exceed \$3500 per individual item (exclusive made within a week after the final approval xceed \$700 per individual item (exclusive of when the reimbursement check is ready.			, , , ,
	se the following items needed to conduct offi		eimbursem tems	ent #
•	<u>N</u> an original invoice, sales slip, or cash register name, description of item(s), and show that p		ncluding credit ca	ard

INSTRUCTIONS FOR COMPLETING THE REQUEST FOR REIMBURSEMENT

Please be concise and write legibly to expedite payment.

- 1. Complete upper portion of form (person requesting reimbursement, including phone and UW email address; budget number and title, and approval signature).
- 2. In the box below, list the business purpose of the expenditure(s). PLEASE NOTE: Your reimbursement cannot be processed without this information.
- 3. List purchases (EACH NUMBERED LINE BELOW REPRESENTS ONE RECEIPT)
- 4. Attach the original receipt(s) to the completed Request for Reimbursement (Required)
- 5. Return completed paperwork to AERB120.

	RPOSE: uired)					
	DATE	DESCRIPTION	PURCHASED FROM	AMOUNT	BUS. OF	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

SIGN AND DATE WHEN PICKING UP CHECK	CHECk#	

TOTAL AMOUNT: