DECLIECT EOD DEIMDLIDGEMENT

	Business	office use only
PC	,	
XR		
Rece	eived Date	

KEROE21 LC	OR REIMBURSEME	IVI	PC	
DEPARTMENT OF AERON	AUTICS & ASTRONAUTICS		XR Received Date	
Person Requesting Reimburse	ment:	Phone:		
		Email address:		
Budget Number	Budget Title:	PCA CO	DE: 999	
Principal Investigator or Appro	oved Signature:			
Are you a UW employee?	Yes No			
cash request. Direct Deposit will No: Reimbursements may no check request. You will be notified. ELIGIBLE PURCHASES	not exceed \$3500 per individual item (exclu Il be made within a week after the final appr of exceed \$700 per individual item (exclusive ied when the reimbursement check is ready	oval. e of sales tax or shipping/h		
SUPPLIES, NON-PERSONAL	chase the following items needed to conduct SERVICES, AND REGISTRATION FEES.	t official business:		
receipts, must include the vend	FION of an original invoice, sales slip, or cash reg or name, description of item(s), and show th ETING THE REQUEST FOR REIMBURSEN	nat payment was made.	uding credit card	
address; budget number at 2. In the box below, list the bu- cannot be processed witho 3. List purchases (EACH NUM	form (person requesting reimbursement, income title, and approval signature). It is iness purpose of the expenditure(s). PLE out this information. MBERED LINE BELOW REPRESENTS ONITY to the completed Request for Reimbursen	ASE NOTE: Your reimburs		
PURPOSE: (Required)				
			I BUS.	OFC. USE

	DATE	DESCRIPTION	PURCHASED FROM	AMOUNT	BUS. OF	O. USE OBJ
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
TOTAL AMOUNT:						

	_	
SIGN AND DATE WHEN PICKING UP CHECK	1	CHECk#