

EX \_\_\_\_\_

## College of Life Sciences Non-Travel Reimbursement Request

FT Employee Seeking Reimbursement \_\_\_\_\_ Net ID \_\_\_\_\_

(or)

Name and Address of Person Requesting Reimbursement (If other than FT employee)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Purchase (Business purpose – who, what, why) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Description of Items Purchased	Account Number	Amount
	- -	\$
	- -	\$
	- -	\$
	- -	\$
Sales Tax	11890096 – 1200 – 00000	\$
<b>Total</b>		\$

\*Tape receipt(s) to full-size sheet(s) of paper and attach to this form

Signature of Person Being Reimb. \_\_\_\_\_ Date \_\_\_\_\_

FT Supervisor Approval \_\_\_\_\_ Date \_\_\_\_\_

Y-Expense Proxy Signature \_\_\_\_\_ Date \_\_\_\_\_

Y-Expense Approver (Financial Asst) \_\_\_\_\_ Date \_\_\_\_\_