

**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	\$
Total		\$

*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 _____

Chrome River Delegate Signature _____ Date _____

Chrome River Approver (Financial Manager) _____ Date _____