

Request for Reimbursement
Non-Travel and Non-Business Meal Reimbursements
(Itemized Receipt Required)

Name:

Check one: UH Faculty UH Student
 UH Staff Other (specify)

Home Address

Description of item(s) purchased.

Item	Vendor	Amount (Price)	Date of Receipt
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total	
		\$	-

Purpose and Benefit of this purchase to the mission of the university.

Be specific. A general and broad statement will not be accepted.

Amount of Reimbursement \$: Cost Center to Charge:

*Fund codes: 2064, 2160, 2164 prohibit food/entertainment
 Fund Code 2072 prohibits alcohol.*

 Signature of Payee Date

 Signature of Supervisor Date