

EX \_\_\_\_\_

## Department of Biology Reimbursement Request (Non-Travel)

Responsible Faculty Member's Name: \_\_\_\_\_

Name and Address of Person wanting Reimbursement:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Items Purchased Amount (Merchant, Date, Items)	Account Number	
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Sales Tax	11890069-1200-00000	\$ _____
_____ miles x \$ _____ /mile	_____	\$ _____

Destination: \_\_\_\_\_

**Total Amount of Receipts:** \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Person wanting Reimbursement Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Responsible Faculty Member Date: \_\_\_\_\_

\_\_\_\_\_  
Y Expense Proxy Date: \_\_\_\_\_

\_\_\_\_\_  
Department Financial Manager Date: \_\_\_\_\_

\_\_\_\_\_  
Department Chairman Date: \_\_\_\_\_