

Personal Reimbursement Form

Date: _____

Department: _____

Reason for Purchase: _____

Vendor Information:

Item(s) Purchased / Purpose(s):

TOTAL EXPENSE \$ _____

TOTAL ALLOWABLE REIMBURSEMENT \$ _____

Purchased by (please print): _____

Permanent Address (not work):

Account/GL to be charged: _____

Approval to Reimburse Signature: _____

*This form is to be used when a purchase is made on a personal credit card, NOT University, and you are seeking reimbursement. Confirm banking information has not changed since most recent personal reimbursement.

If you are not a University-paid employee, then you will have to complete a PC form.

If available

EMPLOYEE PERNR _____

OR

LAST 4 SSN _____