

REQUEST FOR NON-TRAVEL REIMBURSEMENTS FOR STUDENTS OR UNIVERSITY GUESTS

Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ ZIP: _____

Description of expense

Please provide a description of the expense. If the reimbursement is for food/drinks/snacks/a meal, please include the location and date of the event or meal and a business purpose. If 10 people or less attended, please also provide names of individuals with their affiliations. Otherwise, please provide a description of the group in attendance.

Itemization of expenses

Item Description

Amount \$

Item Description	Amount \$
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total amount to be reimbursed
