



Back-Up Documentation/Lost Receipt Form

To: Financial Services Department
From: Center for Leadership and Involvement
RE: Reimbursement Request
Date:

I, _____, am requesting reimbursement for the following expenses which I incurred on behalf of _____. (Student Organization or Department)

Vendor/Place of Purchase:

Description of items/goods purchased:

University business purpose for this purchase:

Amount to be reimbursed: (must itemize if more than one receipt)

Method of payment: (cash, credit card, etc. Bank/credit card statement must be provided for card/check payments)

Attendees: (Please list for any registration fees or for food expenses, if 10 attendees or less, full names must be provided)

Please describe what happened to the original receipts*:

I certify that the amounts given herein represent actual business related expenses and are in accordance with the current University of Chicago policy and procedures. I certify that I will not be reimbursed from any other source.

Signed: (individual being reimbursed)

Dated:

As the advisor/supervisor, I certify that I have first-hand knowledge that the University has received the items stated above.

Signed: (Advisor/Supervisor)

Dated:

The Financial Operations Staff certifies all expenses have been reviewed.

Submitted by: (Financial Operations Staff)

Dated:

*Original receipts are always required; this request may be rejected by the UChicago Financial Services Department.