

For Office Use Only	Staff Initials: _____	Completed Date: _____
Travel Authorization # _____	Travel Registry # (if Applicable): _____	DV# _____

SGPP FACULTY & STAFF REIMBURSEMENT REQUEST

Please place this cover sheet and all required supporting documents in a sealed envelope so items do not get lost/separated.

NAME _____ **Employee ID#** _____

SECTION 4: OTHER (use multiple sheets if needed)

If you have other items you wish to seek reimbursement for (i.e. used a taxi/Uber, research materials, books, items related to research, note that information here. Feel free to use multiple sheets, if needed.

1. Identify item to be reimbursed: _____
Business purpose for purchase: _____
Total Amount of Purchase: _____
Account to process payment (if known) _____
2. Identify item to be reimbursed: _____
Business purpose for purchase: _____
Total Amount of Purchase: _____
Account to process payment (if known) _____
3. Identify item to be reimbursed: _____
Business purpose for purchase: _____
Total Amount of Purchase: _____
Account to process payment (if known) _____
4. Identify item to be reimbursed: _____
Business purpose for purchase: _____
Total Amount of Purchase: _____
Account to process payment (if known) _____

Supporting Documents Required

- Original Receipts for each item being reimbursed – last four digits of credit card need to be noted. **If an online purchase**, please provide invoice/receipt that notes ‘Item Shipped’ and not ‘Processing’.

Notes for Reimbursement Processor

