



EMPLOYEE REIMBURSEMENT REQUEST



EMPLOYEE INFORMATION

DATE REQUESTED: _____ DEPT / DEPT #: _____ TYPE: EMPLOYEE STUDENT DCC

EMPLOYEE NAME: _____ EID/STUDENT ID#: _____

DETAILED RESEARCH/BUSINESS PURPOSE & JUSTIFICATION:

EMPLOYEE EXPENSE CLAIM

ITEM DESCRIPTION	AMOUNT	SALES TAX	TOTAL AMOUNT W/SALES TAX	Acc Number. Sub-Account #####.#####	SO UNIT	OBJECT CODE	TAX EXEMPT Y/N
TOTAL:							

COMMONLY USED OBJECT CODES REFERENCE:

- | | | |
|------------------------------|---------------------------|-----------------------------------|
| 4110 PUBLICATIONS | 5540 MEMBERSHIP DUES | SHIPPING |
| 4620 SOFTWARE | 5610 SUBSCRIPTIONS | HANDLING |
| 4840 COPY CHARGES | 5890 DEPARTMENT BOOKS | Shipping & Handling (If Combined) |
| 5150 COMPUTER SUPPLIES | 5760 COMPUTER PERIPHERALS | |
| 5170 BUSINESS MEETING EXP. | | |
| 5180 EDUCATION SUPPLIES | | |
| 5230 OFFICE SUPPLIES | | |
| 5290 RESEARCH SUPPLIES | | |
| 5490 OPERATING SUPPLIES | | |
| 5520 CONFERENCE REGISTRATION | | |

TOTAL REIMBURSEMENT: _____

		5560
		3880
		3880

ASSET INFORMATION

TAG REQUEST FORM ATTACHED

RESPONSIBLE PERSON		MODEL/SERIAL		BLDG/ROOM	
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MEETING INFORMATION

MEETING AGENDA ATTACHED

MEETING/EVENT DATE:			LOCATION:		
MEETING TITLE / AGENDA:					
ATTENDEE	AFFILIATION	ATTENDEE	AFFILIATION	ATTENDEE	AFFILIATION

FUNDING APPROVAL

EMAIL APPROVAL ATTACHED

PI / CO-PI / DELEGATE SIGNATURE _____

DATE _____

PAYEE SIGNATURE

EMAIL APPROVAL ATTACHED

I HEREBY CERTIFY BY MY SIGNATURE THAT THE EXPENSE REIMBURSEMENT REQUESTED IS FOR BONA FIDE UNIVERSITY OF ARIZONA BUSINESS PURPOSE AND HAD NOT BEEN PAID VIA THE UNIVERSITY OF ARIZONA PCARD NOR HAS BEEN PREVIOUSLY REIMBURSED AND ANY SERVICES OR EQUIPMENT PURCHASED SHALL REMAINTHE PROPERTY OF THE UNIVERSITY OF ARIZONA.

PAYEE SIGNATURE _____

DATE _____