

## MISCELLANEOUS REIMBURSEMENT REQUEST

Use form for purchases made with **PERSONAL** funds **ONLY**.  
 Submit with receipts to HPHY Accounting Technician.

**TODAY'S DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**UO ID #:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_

**Index or Grant:** \_\_\_\_\_

**PI or DEPT APPROVAL:** \_\_\_\_\_

Receipt #	Receipt Date	Vendor	Description	Requested Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

ATTACH ADDITIONAL PAGES IF NECESSARY

**TOTAL AMOUNT REQUESTED: \$** \_\_\_\_\_

**NOTES REGARDING RECEIPTS:**

- \*Original receipts are required for all requests - ALL RECEIPTS MUST BE ITEMIZED  
 (Credit card receipts are not itemized.)
- \*Reimbursement for warrantied items are not allowed.
- \*Reimbursement for alcoholic beverages is not allowed on state indexes - indicate any alcohol on the receipt.
- \*When hosting meals for groups or guests, gratuity up to 15% is allowed when included on the itemized receipt.