

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



THE UNIVERSITY OF ARIZONA
 COLLEGE OF SOCIAL & BEHAVIORAL SCIENCES
**School of Government
 & Public Policy**

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) _____

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

