

# REQUEST FOR REIMBURSEMENT FORM (other than travel)

Faculty     Staff     Student     Foreign Student     Other – Please Specify: \_\_\_\_\_

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

**EMAIL:** \_\_\_\_\_ **BANNER ID NO. (LAST 4 DIGITS):** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

Please provide complete, accurate documentation of the purchase, in a timely fashion. **Itemized receipts for all allowable expenditures being claimed for reimbursement must be provided.** Staple or clip your documentation directly to this form, do not tape or staple receipts to another piece of paper.

**Please check the type of reimbursement**

**Meal Reimbursement (Unrelated to Travel) (NOTE: Alcohol will be removed from the reimbursement)**

You may attach a separate sheet if needed, expenses should be listed by date & vendor.

RECEIPT DATE	VENDOR	GUEST(S)	DETAILED BUSINESS PURPOSE <small>(include discussion topics, meeting outcomes, agenda)</small>

**Goods (NOTE: Tax will be excluded from the reimbursement)**

You may attach a separate sheet if needed, expenses should be listed by date & vendor.

RECEIPT DATE	VENDOR	AMOUNT	DETAILED BUSINESS PURPOSE <small>*Do NOT restate WHAT is being purchased, you must describe WHY payment is being requested and HOW it benefits UNM / research project.</small>

**Justification for Late Submission OR No Itemized Receipt**

Please provide justification below for late submission and/or explanation as to why the itemized receipt is not included.

Timeframes: Goods = 10 days after purchase date

Taxable Income = at 60 days after purchase date and/or after travel return date, no reimbursement after 180 days

\_\_\_\_\_  
\_\_\_\_\_

**Accounting**

**INDEX NUMBER:** \_\_\_\_\_ **PROJECT DESCRIPTION:** \_\_\_\_\_ or if unknown

**Approval**

**PI:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

PI will authorize via email (attached) **DATE:** \_\_\_\_\_

Do not write below this line **FOR ADMINISTRATIVE USE ONLY** Do not write below this line

**DATE RECEIVED:** \_\_\_\_\_ **EXPENSE REPORT NO.** \_\_\_\_\_

**DATE COMPLETED:** \_\_\_\_\_ **AMOUNT:** \_\_\_\_\_

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_