

ER \_\_\_\_\_

**College of Life Sciences  
Non-Travel Reimbursement Request**

FT Employee Seeking Reimbursement \_\_\_\_\_ RtY ID \_\_\_\_\_

(or)

Name and Address of Person Requesting Reimbursement (If other than FT employee)

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

General Description of Purchase \_\_\_\_\_

\_\_\_\_\_  
Describe why this is an emergency \_\_\_\_\_  
\_\_\_\_\_

<b>Expenses:</b>		
Specific Description of Items Purchased	Account Number	Amount
	– –	\$
	– –	\$
	– –	\$
Sales Tax	11890096 – 1200 – 00000	\$
<b>Total</b>		\$

\*Tape receipt(s) to full-size sheet(s) of paper and attach to this form

Signature of Person Being Reimb. \_\_\_\_\_ Date \_\_\_\_\_

FT Employee Approval \_\_\_\_\_ Date \_\_\_\_\_

Dept Chair Approval \_\_\_\_\_ Date \_\_\_\_\_

Extensity Proxy Signature \_\_\_\_\_ Date \_\_\_\_\_

Dept Financial Asst Review \_\_\_\_\_ Date \_\_\_\_\_