

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 _____

Expenses:		
Specific Description of Items Purchased	Account Number	Amount
	- -	\$
	- -	\$
	- -	\$
Sales Tax	11890096 - 1200 - 00000	\$
Total		\$

*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 _____