



Central Business Services Office - Misc Reimbursement Form

Name _____ Today's Date _____
 Address _____ UO ID# _____
 _____ E-mail _____
 Phone# _____ Home Tax Address/Phone Required for Reimbursement

Foundation Account (or) Index/Activity Code _____ / _____

Approval _____

Receipt #	Receipt Date	Vendor	Description/Business Purpose	Requested Amount	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
Attach Additional Pages if Necessary				Total	

Notes Regarding Receipts

- Original receipts are required – All receipts **must be itemized** and **show proof of payment**.
 (Credit card receipts are not itemized, but they show proof of payment.)
- Reimbursement for services **may not be allowed** – obtain permission before buying.
- Reimbursement for alcoholic beverages **is not allowed** on state indexes – indicate alcohol on receipt.
- When hosting meals for groups or guests, tips of **up to 15%** of the cost may be reimbursed when the tip is **included on an itemized receipt**.