



# Architecture and Allied Arts 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				<b>Total</b>

**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**.