

## REQUEST FOR REIMBURSEMENT OF OUT-OF-POCKET EXPENDITURES (Non-Travel)

Person to be reimbursed: \_\_\_\_\_ Email: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

\_\_\_\_\_

UFID#: \_\_\_\_\_

Vendor	Items Purchased	Amount

Total to be reimbursed: \_\_\_\_\_

(Please remember to sign your receipts.)

State Vehicle # \_\_\_\_\_

Boat Name/Number \_\_\_\_\_

Dept. ID	Fund	Program	Source	Budget Ref.	Project #	Flex Code	CRIS (221 accts)	Charge Amount

**For Office Use Only:**

ER# \_\_\_\_\_

Benefit to Grant/Project or Benefit to UF:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved by: \_\_\_\_\_

Faculty signature