

Date \_\_\_\_\_

Project Number to be charged \_\_\_\_\_ Amount \_\_\_\_\_

Purpose \_\_\_\_\_  
\_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Department \_\_\_\_\_ Title \_\_\_\_\_

Work E mail address \_\_\_\_\_ Work Phone \_\_\_\_\_

Street Address (Home) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**Checklist:**

Attach original receipts. Tape to 8 1/2 X 11 paper. Indicate clearly what items were purchased and what they were used for

For meetings - list the names of the person or people who attended and the purpose of the meeting. Include an agenda for the meeting.

For restaurant food attach both the bill showing the detail of the food that was purchased and the credit card receipt showing the tip and the full amount of the charge.

Be sure form is complete and all required documentation is attached.

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Claimant's Signature and Date \_\_\_\_\_

Supervisor's Signature and Date \_\_\_\_\_

Supervisor's name and title (please print) \_\_\_\_\_