

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 _____

Checklist:

Include original receipts. 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.

Claimant's Signature and Date _____

Supervisor's Signature and Date _____

Supervisor's name and title (please print) _____