

## Reimbursement Info Sheet

Reimbursement to be paid to: \_\_\_\_\_

Employee ID Number (EIN): \_\_\_\_\_

Department Mail ECE Student Mailbox #: \_\_\_\_\_ or  Direct Deposit

Account to be charged: \_\_\_\_\_

List of items and what they were purchased for:

\_\_\_\_\_  
\_\_\_\_\_

I certify that the above is a true statement, that the expenses claimed were incurred by me on official University business on the dates shown, and that I have attached original receipts for each expense as required by University policy.

Payee's Signature: \_\_\_\_\_

PI Signature: \_\_\_\_\_

*(note: email approval is acceptable)*

**Please attach receipts to be reimbursed**