

REIMBURSEMENT FORM

Reimbursement of supplies

Today's Date: _____ **Name:** _____ **ext:** _____

Address to send check: _____

Email address: _____

Advisor's Name: _____

City, State (purchased supplies) _____

Cost Center # to be charged: _____

Check boxes for all supplies purchased

- ☐ **Books**
- ☐ **Cell phone/ Telephone**
- ☐ **Copying/Reproduction**
- ☐ **Fabricated Equipment**
- ☐ **Gifts (non-cash)**
- ☐ **Instructional Supplies**
- ☐ **Membership Dues**
- ☐ **Non Capital Equipment (explain)** _____
- ☐ **Non-Capital Furniture (explain)** _____
- ☐ **Non-Capital Software (explain)** _____
- ☐ **Office Supplies**
- ☐ **Printing & Publishing**
- ☐ **Postage/Shipping**
- ☐ **Refreshments**
- ☐ **Rental Facilities**
- ☐ **Software**
- ☐ **Student Program-other exp.**
- ☐ **Technical Supplies**
- ☐ **Training-external**
- ☐ **Unallowable**
- ☐ **Other (explain)** _____

Amount to be reimbursed: \$ _____