COLLEGE OF ARCHITECTURE

EXPENSE REIMBURSEMENT FORM

REIMBURSEMENT TO: _____

EMPLID: _____   **DATE:** _____

ADDRESS: _____

PHONE NUMBER: _____

ACCOUNT #: _____   **OBJECT CODE #:** _____

	Type of Expense
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
	Total Reimbursement Requested

Purpose- describe how this expense benefits the University: _____

_____

_____

_____

_____

_____

_____

SUPERVISOR'S APPROVAL: _____

    (Must be of higher institutional authority than employee being reimbursed.)

Total
$ -