

**PSYCHOLOGY DEPARTMENT
REIMBURSEMENT WORKSHEET**

Date: _____

Email: _____

Name: _____

UIN #: _____

Email: _____

Office Address: _____

CFOP: _____

Account Title: _____

Complete description of item purchased including justification and where items will be located	Quantity	Unit Price	Amount
Total			\$

Attach original itemized receipts that include method of payment
No individual item may be more the \$250
Meal reimbursements
 include names, title and institution of all in attendance.
 alcohol purchased must be on a separate receipt

Return completed voucher to Beth Etchison, 337 Psychology