NON-TRAVEL Reimbursement Request for Employees and Students

Name of person to be reimbursed: ____________________________

UIN# ____________________________ Is this person a Foreign National? Yes □ No □
(The UIN is the 9-digit purple number from i-card.)

Date: ____________________________

Items Purchased and Purpose:

__________________________________________________________________________

Amount and Account Information

<table>
<thead>
<tr>
<th>$ Amount or % if splitting funds</th>
<th>Provide the following if known:</th>
<th>Description of funds if account no. not known</th>
<th>Form Prepared By Please sign or initial here</th>
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<td>Fund Org Program</td>
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</table>

Total Amount Requested

If you are requesting reimbursement for food or beverages, please complete this section:

a. Please identify the function, date, and bona fide business purpose of the event:

__________________________________________________________________________

b. Attendee information:

☐ 20 or fewer people attended.

The University requires a list of the names of the attendees and their affiliations. Please provide this on the back (page 2) of this form or as an attachment.

☐ More than 20 people attended.

The University requires an approximate number and general summary of the number of people and their affiliations (students, faculty, donors, etc.) Please provide this in the space below, as an attachment, or on the back (page 2) of this form.

__________________________________________________________________________

Please attach a detailed receipt for each item to be reimbursed.