

# Non-Employee Expense Reimbursement

You must complete a Vendor Authorization and Substitute W-9 tax form (attached) before payment can be processed.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**EXPENSE JUSTIFICATION:** You *must* answer the following before reimbursement will be processed.

**Who** (will be affected/benefited by this purchase) \_\_\_\_\_

**What** (was purchased if not clearly specified below) \_\_\_\_\_

**Where** (was purchase made/are the items located) \_\_\_\_\_

**Why** ( was this purchase necessary) \_\_\_\_\_

**How** (does this purchase benefit account being charged) \_\_\_\_\_

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

**\*\*\*ATTACH ALL RECEIPTS AND SUBMIT TO: 1103 MECHANICAL ENGINEERING\*\*\***

Date	Vendor Name	Total	Detailed Description (Use as many lines as necessary)
<b>Grand Total:</b>			

**PI**  
Signature: \_\_\_\_\_ Empl ID \_\_\_\_\_ Date \_\_\_\_\_

Fund \_\_\_\_\_ Dept ID \_\_\_\_\_ Program \_\_\_\_\_ Project \_\_\_\_\_

Accounting Use Only

Account \_\_\_\_\_ CF1 \_\_\_\_\_ CF2 \_\_\_\_\_ Cost Share \_\_\_\_\_