

REQUEST FOR RECEIPTED REIMBURSEMENT

DEPARTMENT OF MECHANICAL ENGINEERING

(Itemized Receipt Required)

Name: _____ Email: _____

Check one: _____ UH Faculty _____ UH Student
_____ Staff _____ Other (specify)

Home Address _____
To verify the correct person is being reimbursed

Amount of Reimbursement \$: _____ Subcode/Tag #: _____
Fabricated Equipment (if required)

Paid off of Account #: _____ *Students: obtain this info from your advisor*
Fund Codes: 2064, 2160, 2164 prohibit food/entertainment
Fund Code 2072 prohibits alcohol

Requestor's Signature _____

Advisor's Signature _____

Vendor & brief description of items purchased	Amount	Date of Receipt
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total	\$ _____	

Purpose and Benefit of this purchase to the mission of the university.
Be specific.

PURPOSE:

BENEFIT:

MAPP 4.01.03 (POLICY ON REIMBURSEMENTS/VOUCHERS)

ALL

REQUESTS FOR REIMBURSEMENT, INCLUDING REQUIRED DOCUMENTATION, MUST BE SUBMITTED TO THE DEPARTMENT OF BUSINESS OFFICE NO LATER THAN 60 DAYS AFTER THE DATE OF PURCHASE. REQUESTS SUBMITTED AFTER 60 DAYS MAY NOT BE FORWARDED TO ACCOUNTS PAYABLE FOR REIMBURSEMENT.

QUESTIONS Email: mebizops@central.uh.edu or Contact ME Staff @ (713) 743-4500
Business Meal Form: Revised 11/2014