

REIMBURSEMENT REQUEST

Date Submitted: _____

Reimburse

Name: _____ Person Number: _____

Address: _____

Student Organization: _____

Reason for Expense

Purpose of the event: _____

Location of the event: _____

Date of the event: _____

Time of the event: _____

How many attended: _____

(If less than 12, please list names on the back)

Itemized Expenses		
Date	Vendor/Description	Amount
	TOTAL DUE	

I do hereby certify that the reimbursement requested on this transaction (including any Travel & Expense credit-card purchase recorded) is true and correct, has not been paid to me, and will not be paid to me in the future from any other source. I represent that all expenses sought for reimbursement were incurred for UTSW business purposes only.

I understand and agree that any non-UTSW charges on the UTSW Travel & Expense credit card or other out-of-pocket expenses reimbursed in error may be deducted from future paychecks or other sums of money owed to me by UT Southwestern.

PAYEE SIGNATURE: _____

Please complete all fields, attach original receipts and sign above. Thank you.

Office Use Only:	
Req. #: _____	Purpose: _____
Bus. Unit: _____	PC BU: _____
Oper. Unit: _____	Project ID: _____
Dept.: _____	Activity ID: _____
Acct.: _____	Program: _____
Fund Type: _____	Person #: _____
Source: _____	Site: _____
Function: _____	