# Request for Reimbursement

**Non-Travel and Non-Business Meal Reimbursements**

*(Itemized Receipt Required)*

Name:

Check one: _____ UH Faculty _____ UH Student

_____ UH Staff _____ Other (specify)

Home Address

**Description of item(s) purchased.**

| Item | Vendor | Amount | Date of Receipt |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Total | $ - | |

**Purpose and Benefit of this purchase to the mission of the university.**

*Be specific. A general and broad statement will not be accepted.*

Amount of Reimbursement $:

Cost Center to Charge:

*Fund codes: 2064, 2160, 2164 prohibit food/entertainment*
*Fund Code 2072 prohibits alcohol.*

Signature of Payee Date

Signature of Supervisor Date

Form Revised 7/29/09

Z:\ChemScan_Forms\Reimbursement Forms\Reimbursement_NonBusiness Meals