

**SUPPLIES
REIMBURSEMENT FORM**

Requestor Name: _____ UID: _____

Date of Submission: _____

PI: _____ Recharge # / FAU: _____

PO #: _____ Social Security: _____

(Office use only)

*Note: Required for reimbursement. To protect privacy, please **only** hand in form with social security number in-person. DO NOT EMAIL or send electronic copies.*

Phone: _____

E-Mail: _____

Mailing Address: _____

Note: This is the address the check will be mailed to.

Description of Supplies: _____

Purpose of Supplies: _____

Amount to Reimburse: _____

Requestor's Signature: _____ Date: _____

Authorized by Signature: _____ Date: _____

CBE Office Approval: _____

Please affix ORIGINAL receipts for all expenses, in date order, to an 8½" x 11" sheet(s) of paper, including credit card and/or bank receipts.