



Out-of-Pocket Supply Reimbursement

Please complete this form, attach all receipts, and submit to your department's business office.

Name:

Date:

Mailing Address:

City:

State:

Zip Code:

Phone Number:

Email:

Reimbursement Amount:

Account(s) to be charged:

Description

*Account Sub-account
(if necessary)*

Please describe the item(s) purchased and provide a valid business purpose for reimbursement.

*Please explain your reasoning for **not** making this purchase through the Yellow Cluster Business Office. In the future, please submit a purchase request to the Business Office.*

Approval Contact:

I acknowledge that all reimbursements over \$500 will need to be approved by the Department Head and the Dean of the College of Letters & Science. This will add more time to the reimbursement process.