

School of Architecture, Planning, & Preservation

Reimbursement Request Form

*Receipts must be submitted within **30 days** of transaction (this is a university policy).

*Please attach **original receipts** (the itemized receipt and the payment receipt).

***If your name is not on the receipt & you are requesting reimbursement from the Foundation**, the Foundation will require proof that it was paid by you, so include either a xerox copy of the card that was used for the expense or a copy of your bank/credit card statement that shows your name and card number and/or the expense itself.

*If asking for reimbursement for food or beverages, please attach a list of **attendees**.

*The state will not reimburse for **alcohol**.

PAY TO

Name: _____

SS#: _____

Address: _____

Address 2: _____

City: _____

State: _____

Zip code: _____

Telephone: _____

Email: _____

EXPENSE AMOUNT:

\$ _____

CHARGE EXPENSE TO:

Office of the Dean

Architecture

Historic Preservation

Urban Studies and Planning

PhD

Center for Smart Growth

Real Estate Development

Foundation (Please Specify if Known):

Other (Please Specify):

PURPOSE OF EXPENSE:

ATTENDEES: _____

EVENT INFORMATION (IF APPLICABLE):

Event Name: _____

Date: _____

Time: _____

Location: _____

UPDATED 10/07/2011