

Phelps Administrative Support Center (PASC)  
Reimbursement Request Form

**\*\*\*\*Please attach original receipts (tape small receipts to blank sheets of paper) showing clearly amount paid and method of payment\*\*\*\***

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(please print)

Funding Source or Account Name: \_\_\_\_\_

Description and Purpose of Item(s) purchased:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Item(s) Purchased from: \_\_\_\_\_

\_\_\_\_\_

Amount: \$ \_\_\_\_\_ Tax Paid on purchase(s): \$ \_\_\_\_\_

**Signatures**

I, certify that the above is a true statement, that the expenses claimed were incurred by me on official University business on the dates shown, and that I have attached original receipts for each expense as required by University policy.

\_\_\_\_\_  
Payee's Signature/Date      Authorizing Signature/Date      (optional) Addtl. Authorizing  
Signature/Date

\_\_\_\_\_  
Print Name and Title      Print Name and Title      Print Name and Title

**\*\*\* All fields of form must be completed \*\*\***

**Incomplete forms will NOT be processed and will be returned.**