

Reimbursement & Purchase Request Form

Date of request:

Your Name:

GWID:

Action required:

☐ Reimbursement request

☐ Purchase request

Purchase description (include website from where you want purchase made):

Cost of purchase or reimbursement:

Date by which you'd like the purchase:

Justification (i.e. reason for purchase, conference details):

Funding source:

☐ Department funds

☐ REIA

☐ Start Up

☐ Grant

☐ Clinic/Lab

☐ CCAS Dean's Office

☐ Other

If "other" please indicate department, contact name and email address:

Chair or Director approval:

FOR OFFICE USE ONLY Method of payment (i.e. P-Card, PO, Cash):