

**PSYCHOLOGY DEPARTMENT
REIMBURSEMENT WORKSHEET**

Date: _____

Net Id: _____

Name: _____ **UIN #:** _____

Email: _____

Office Address: _____

CFOP: _____

Account Title: _____

Complete description of item purchased, including <u>justification/business purpose</u> and where items will be located	Quantity	Unit Price	Amount
Total			\$

Attach original itemized receipts that include method of payment

No individual item may be more the \$500

Meal reimbursements

Include names, title and institution of all in attendance.

Alcohol purchased must be on a separate receipt (this needs pre-approval)

Return completed voucher to Brenda Reinhold, 327 Psychology