

SUPPLY REIMBURSEMENT REQUEST FORM

(COMPLETE ALL FIELDS BELOW)

TAPE RECEIPT TO THIS PAGE AND SUBMIT TO PHYSICAL SCIENCES PURCHASING

Date:	
Name:	
Employee ID:	
Phone:	
Budget Code:	
PI Name:	
PI Signature:	
Complete explanation of Business/Research purpose of items (If explanation not completed, form will be returned)	Amount
Why was a purchase order not used? (Freight or convenience is not acceptable)	
FDP / Project Specific	
Account / Fund:	
Financial Approval:	

PAYEE CERTIFICATION

"I certify that expenses claimed were incurred by me for official University Business and pursuant to University **Purchasing Policy**. I understand that I did not follow the correct purchasing protocol (e.g. UCIBuy, PALCard or Purchase Order) and purchasing for official University Business must be made by individuals issued with the correct delegation of authority."

Payee signature _____ Date _____